

CY 2019 PBP Data Entry System Screens

#19 VBID/MA Uniformity Flexibility

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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CLICK FOR DESCRIPTION OF BENEFIT

This section documents the benefits offered under authority of the Medicare Advantage Value-Based Insurance Design (VBID) Model test and/or MA Uniformity Flexibility (UF).

Under MA Uniformity Flexibility plans may provide access to services (or specific cost sharing for services or items) that is tied to health status or disease state in a manner that ensures that similarly situated individuals are treated uniformly, consistent with the uniformity requirement in the MA regulations at §422.100(d).

Does your plan include MA Uniformity Flexibility with reductions in cost or additional benefits?

Yes
 No

Does your VBID benefit offer Part C reductions in cost or additional benefits?

Yes
 No

Value Based Insurance Design Attestation

I attest that

1) the benefits entered comply with CMS requirements for benefits offered in the MA-VBID model test;

2) the benefits entered are consistent with the benefit proposals and the actuarial or financial information provided to CMS when applying to participate in the MA-VBID model test, unless otherwise approved by CMS in writing, and

3) the benefit package, formulary or other features of this plan are not structured to discriminate against any Medicare beneficiary.

Does your VBID/MA Uniformity Flexibility benefit offer Part C reductions in cost?

Yes
 No

How many packages does your 19a Reduction in Cost Sharing VBID/MA Uniformity Flexibility benefit contain? (1-15)

When entering the maximum and minimum copayment or cost sharing for a service category, list only the VBID/MA Uniformity Flexibility in benefit's maximum and minimum for that category. Do not enter the VBID/MA Uniformity Flexibility cost sharing amount as the minimum and the non-VBID/MA Uniformity Flexibility cost sharing amount as a maximum. If there is a limit to the number of services units that qualify for VBID/MA Uniformity Flexibility cost sharing, after which the regular cost sharing amount applies, specify the limit in notes. After an enrollee reaches the limit, CMS will look to the main PBP sections for the applicable cost sharing amount.

When entering VBID/MA Uniformity Flexibility benefit packages, create a separate package for each unique targeted clinical condition group to which the organization is offering a VBID/MA Uniformity Flexibility benefit package. Even if the plan is offering otherwise identical benefits to enrollees with one of two conditions, enter those benefits in two identical packages, each time selecting a single condition. Do not select multiple conditions within a single package unless the enrollee must have all conditions in order to qualify for the benefit (a multiple co-morbidity category).

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#19a Reduced Cost Sharing for VBID/UF – Package Type

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Is this package applicable to VBID or MA Uniformity Flexibility?

VBID

MA Uniformity Flexibility

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#19a Reduced Cost Sharing for VBID/UF – Disease States: VBID

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Which disease states does this benefit apply to? (Select all that apply):

- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Patient with Past Stroke
- Hypertension
- Coronary Artery Disease
- Mood Disorders
- Rheumatoid Arthritis
- Dementia
- Other CMS Approved Disease State

If selecting 'Other CMS Approved Disease State' or 'Mood Disorders,' please use the notes field to describe the selected targeted clinical condition group and the methodology used to identify beneficiaries within your targeted clinical condition, such as a list of ICD-10 codes.

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#19a Reduced Cost Sharing for VBID/UF – Disease States: UF

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Go To: #19a Reduced Cost Sharing for VBID/UF - Disease States: UF

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Which disease states does this benefit apply to? (Select all that apply):

- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Patient with Past Stroke
- Hypertension
- Coronary Artery Disease
- Mood Disorders
- Rheumatoid Arthritis
- Dementia
- Other 1
- Other 2
- Other 3
- Other 4
- Other 5

Other 1 Description:

Other 2 Description:

Other 3 Description:

Other 4 Description:

Other 5 Description:

If selecting Other 1-5, please use the notes field for this package to briefly describe the targeted clinical condition group.

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#19a Reduced Cost Sharing for VBI/UF – Base 1 (Package Info)

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Is there a prerequisite for reduction of cost sharing for this package?

Yes
 No

Which prerequisites are required for this package?

High value provider
 Participation in a Wellness or Care Management Program
 Other, Describe

Select the benefits that apply to reduced cost sharing:

Medicare-covered benefits
 Non-Medicare-covered benefits

Select the Medicare-covered benefits that will receive reduced cost sharing:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4a: Emergency Care/Post-Stabilization Care
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c1: Individual Sessions for Outpatient Substance Abuse
- 9c2: Group Sessions for Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a1: Ground Ambulance Services

Select the Non-Medicare-covered benefits that will receive reduced cost sharing:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Health-related Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14a: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation Coun
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone based to
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)

Does your VBI/DMA Uniformity Flexibility cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

All specialists
 Some specialists

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#19a Reduced Cost Sharing for VBI/UF – Base 2 (OON/POS/Plan-level Deductible)

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Go To: #19a Reduced Cost Sharing for VBI/UF - Base 2 (OON/POS/Plan-level Deductible)

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Do the benefits in this package apply to OON/POS?
 Yes
 No

Are any benefits exempt from the plan-level deductible?
 Yes
 No

Select the benefits that apply to being exempt from the plan-level deductible:
 Medicare-covered benefits
 Non-Medicare-covered benefits

Select the Medicare-covered benefits that are exempt from the plan-level deductible:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4a: Emergency Care/Post-Stabilization Care
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c1: Individual Sessions for Outpatient Substance Abuse
- 9c2: Group Sessions for Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a1: Ground Ambulance Services
- 10a2: Air Ambulance Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices

Select the Non-Medicare-covered benefits that are exempt from the plan-level deductible:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Health-related Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation Coun
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone based te
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)
- 14c13: Post discharge In-Home Medication Reconciliation
- 14c14: Re-admission Prevention
- 14c15: Wigs for Hair Loss Related to Chemotherapy

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#19a Reduced Cost Sharing for VBI/UF – Base 3 (Reduced Coinsurance)

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Go To: #19a Reduced Cost Sharing for VBI/UF - Base 3 (Reduced Coinsurance)

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Do you offer reduced Coinsurance?

Yes
 No

Select the types of benefits that apply to the coinsurance cost sharing:

Medicare-covered benefits
 Non-Medicare-covered benefits

Select the Medicare-covered benefits that will receive reduced coinsurance:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4a: Emergency Care/Post-Stabilization Care
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c1: Individual Sessions for Outpatient Substance Abuse
- 9c2: Group Sessions for Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a1: Ground Ambulance Services
- 10a2: Air Ambulance Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices

Select the Non-Medicare-covered benefits that will receive reduced coinsurance:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Health-related Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation Coun
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone based te
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)
- 14c13: Post discharge In-Home Medication Reconciliation
- 14c14: Re-admission Prevention
- 14c15: Wigs for Hair Loss Related to Chemotherapy

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#19a Reduced Cost Sharing for VBID/UF – Base 4 (Reduced Coinsurance)

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Indicate Coinsurance for one or more of the following Medicare-covered services:

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Podiatry Services	<input type="text"/>	<input type="text"/>
Intensive Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Other Health Care Professional	<input type="text"/>	<input type="text"/>
Pulmonary Rehabilitation Services	<input type="text"/>	<input type="text"/>	Individual Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Emergency Care/Post-Stabilization Care	<input type="text"/>	<input type="text"/>	Group Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Urgently Needed Services	<input type="text"/>	<input type="text"/>	Physical Therapy and Speech-Language Pathology Services	<input type="text"/>	<input type="text"/>
Partial Hospitalization	<input type="text"/>	<input type="text"/>	Diagnostic Procedures/Tests	<input type="text"/>	<input type="text"/>
Home Health Services	<input type="text"/>	<input type="text"/>	Lab Services	<input type="text"/>	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	<input type="text"/>	Diagnostic Radiological Services	<input type="text"/>	<input type="text"/>
Chiropractic Services	<input type="text"/>	<input type="text"/>	Therapeutic Radiological Services	<input type="text"/>	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	<input type="text"/>	Outpatient X-Ray Services	<input type="text"/>	<input type="text"/>
Physician Specialist Services	<input type="text"/>	<input type="text"/>	Outpatient Hospital Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>	Observation Services	<input type="text"/>	<input type="text"/>
Group Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>	Ambulatory Surgical Center (ASC) Services	<input type="text"/>	<input type="text"/>

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#19a Reduced Cost Sharing for VBID/UF – Base 5 (Reduced Coinsurance)

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✔ Exit (Validate)
✘ Exit (No Validate)
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Indicate Coinsurance for one or more of the following Medicare-covered services:

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Glaucoma Screening	<input type="text"/>	<input type="text"/>
Group Sessions for Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Diabetes Self-Management Training	<input type="text"/>	<input type="text"/>
Outpatient Blood Services	<input type="text"/>	<input type="text"/>	Barium Enemas	<input type="text"/>	<input type="text"/>
Ground Ambulance Services	<input type="text"/>	<input type="text"/>	Digital Rectal Exams	<input type="text"/>	<input type="text"/>
Air Ambulance Services	<input type="text"/>	<input type="text"/>	EKG following Welcome Visit	<input type="text"/>	<input type="text"/>
Durable Medical Equipment (DME)	<input type="text"/>	<input type="text"/>	Other Medicare-covered Preventive Services	<input type="text"/>	<input type="text"/>
Prosthetic Devices	<input type="text"/>	<input type="text"/>	Medicare Part B Chemotherapy Drugs	<input type="text"/>	<input type="text"/>
Medical Supplies	<input type="text"/>	<input type="text"/>	Other Medicare Part B Drugs	<input type="text"/>	<input type="text"/>
Diabetic Supplies	<input type="text"/>	<input type="text"/>	Comprehensive Dental	<input type="text"/>	<input type="text"/>
Diabetic Therapeutic Shoes/Inserts	<input type="text"/>	<input type="text"/>	Eye Exams	<input type="text"/>	<input type="text"/>
Dialysis Services	<input type="text"/>	<input type="text"/>	Eyewear	<input type="text"/>	<input type="text"/>
Kidney Disease Education Services	<input type="text"/>	<input type="text"/>	Hearing Exams	<input type="text"/>	<input type="text"/>

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#19a Reduced Cost Sharing for VBID/UF – Base 6 (Reduced Coinsurance)

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Indicate Coinsurance for one or more of the following Non-Medicare-covered services:

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Additional Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Other 2	<input type="text"/>	<input type="text"/>
Additional Intensive Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Other 3	<input type="text"/>	<input type="text"/>
Additional Pulmonary Rehabilitation Services	<input type="text"/>	<input type="text"/>	Annual Physical Exam	<input type="text"/>	<input type="text"/>
Worldwide Emergency Coverage	<input type="text"/>	<input type="text"/>	Health Education	<input type="text"/>	<input type="text"/>
Worldwide Urgent Coverage	<input type="text"/>	<input type="text"/>	Nutritional/Dietary Benefit	<input type="text"/>	<input type="text"/>
Worldwide Emergency Transportation	<input type="text"/>	<input type="text"/>	Additional sessions of Smoking and Tobacco Cessation Counseling	<input type="text"/>	<input type="text"/>
Chiropractic Services - Routine Care	<input type="text"/>	<input type="text"/>	Fitness Benefit	<input type="text"/>	<input type="text"/>
Chiropractic Services - Other Services	<input type="text"/>	<input type="text"/>	Enhanced Disease Management	<input type="text"/>	<input type="text"/>
Podiatry Services - Routine Foot Care	<input type="text"/>	<input type="text"/>	Telemonitoring Services	<input type="text"/>	<input type="text"/>
Transportation Services - Plan Approved Location	<input type="text"/>	<input type="text"/>	Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline)	<input type="text"/>	<input type="text"/>
Transportation Services - Any Health-related Location	<input type="text"/>	<input type="text"/>	Bathroom Safety Devices	<input type="text"/>	<input type="text"/>
Acupuncture	<input type="text"/>	<input type="text"/>	Counseling Services	<input type="text"/>	<input type="text"/>
Over-the-Counter (OTC) Items	<input type="text"/>	<input type="text"/>	In-Home Safety Assessment	<input type="text"/>	<input type="text"/>
Meal Benefit	<input type="text"/>	<input type="text"/>	Personal Emergency Response System (PERS)	<input type="text"/>	<input type="text"/>
Other 1	<input type="text"/>	<input type="text"/>	Medical Nutrition Therapy (MNT)	<input type="text"/>	<input type="text"/>

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#19a Reduced Cost Sharing for VBID/UF – Base 7 (Reduced Coinsurance)

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Indicate Coinsurance for one or more of the following Non-Medicare-covered services:

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Post discharge In-Home Medication Reconciliation	<input type="text"/>	<input type="text"/>	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<input type="text"/>	<input type="text"/>
Re-admission Prevention	<input type="text"/>	<input type="text"/>	Routine Eye Exams	<input type="text"/>	<input type="text"/>
Wigs for Hair Loss Related to Chemotherapy	<input type="text"/>	<input type="text"/>	Other Eye Exam Services	<input type="text"/>	<input type="text"/>
Weight Management Programs	<input type="text"/>	<input type="text"/>	Contact Lenses	<input type="text"/>	<input type="text"/>
Alternative Therapies	<input type="text"/>	<input type="text"/>	Eyeglasses (lenses and frames)	<input type="text"/>	<input type="text"/>
Oral Exams	<input type="text"/>	<input type="text"/>	Eyeglass lenses	<input type="text"/>	<input type="text"/>
Prophylaxis (Cleaning)	<input type="text"/>	<input type="text"/>	Eyeglass frames	<input type="text"/>	<input type="text"/>
Fluoride Treatment	<input type="text"/>	<input type="text"/>	Upgrades	<input type="text"/>	<input type="text"/>
Dental X-Rays	<input type="text"/>	<input type="text"/>	Routine Hearing Exams	<input type="text"/>	<input type="text"/>
Non-routine Services	<input type="text"/>	<input type="text"/>	Fitting/Evaluation for Hearing Aid	<input type="text"/>	<input type="text"/>
Diagnostic Services	<input type="text"/>	<input type="text"/>	Hearing Aids (all types)	<input type="text"/>	<input type="text"/>
Restorative Services	<input type="text"/>	<input type="text"/>	Hearing Aids - Inner Ear	<input type="text"/>	<input type="text"/>
Endodontics	<input type="text"/>	<input type="text"/>	Hearing Aids - Outer Ear	<input type="text"/>	<input type="text"/>
Periodontics	<input type="text"/>	<input type="text"/>	Hearing Aids - Over the Ear	<input type="text"/>	<input type="text"/>
Extractions	<input type="text"/>	<input type="text"/>			

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#19a Reduced Cost Sharing for VBI/UF – Base 8 (Reduced Deductible)

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Do you offer a reduced deductible amount?

Yes
 No

Indicate deductible for one or more of the following services

<p>Select the benefits that will receive reduced deductible amounts:</p> <ul style="list-style-type: none"> 1a: Inpatient Hospital-Acute 1b: Inpatient Hospital Psychiatric 2: Skilled Nursing Facility (SNF) 3: Cardiac and Pulmonary Rehabilitation Services 4c: Worldwide Emergency/Urgent Coverage 5: Partial Hospitalization 6: Home Health Services 7a: Primary Care Physician Services 7b: Chiropractic Services 7c: Occupational Therapy Services 7d: Physician Specialist Services 7e: Mental Health Specialty Services 7f: Podiatry Services 7g: Other Health Care Professional 7h: Psychiatric Services 7i: Physical Therapy and Speech-Language Pathology Services 8a: Diagnostic Procedures/Tests/Lab Services 8b: Outpatient Diagnostic/Therapeutic Radiological Services 9a1: Outpatient Hospital Services 9a2: Observation Services 9b: Ambulatory Surgical Center (ASC) Services 9c: Outpatient Substance Abuse 9d: Outpatient Blood Services 10a1: Ground Ambulance Services 10a2: Air Ambulance Services 10b: Transportation Services 11a: Durable Medical Equipment (DME) 11b: Prosthetics/Medical Supplies 11c: Diabetic Supplies and Services 12: Dialysis Services 13a: Acupuncture 13b: Over-the-Counter (OTC) Items 13c: Meal Benefit 13d: Other 1 	<table border="0" style="width: 100%;"> <tr><td>Inpatient Hospital-Acute</td><td><input type="text"/></td></tr> <tr><td>Inpatient Hospital Psychiatric</td><td><input type="text"/></td></tr> <tr><td>Skilled Nursing Facility (SNF)</td><td><input type="text"/></td></tr> <tr><td>Cardiac and Pulmonary Rehabilitation Services</td><td><input type="text"/></td></tr> <tr><td>Worldwide Emergency/Urgent Coverage</td><td><input type="text"/></td></tr> <tr><td>Partial Hospitalization</td><td><input type="text"/></td></tr> <tr><td>Home Health Services</td><td><input type="text"/></td></tr> <tr><td>Primary Care Physician Services</td><td><input type="text"/></td></tr> <tr><td>Chiropractic Services</td><td><input type="text"/></td></tr> <tr><td>Occupational Therapy Services</td><td><input type="text"/></td></tr> <tr><td>Physician Specialist Services</td><td><input type="text"/></td></tr> <tr><td>Mental Health Specialty Services</td><td><input type="text"/></td></tr> <tr><td>Podiatry Services</td><td><input type="text"/></td></tr> </table>	Inpatient Hospital-Acute	<input type="text"/>	Inpatient Hospital Psychiatric	<input type="text"/>	Skilled Nursing Facility (SNF)	<input type="text"/>	Cardiac and Pulmonary Rehabilitation Services	<input type="text"/>	Worldwide Emergency/Urgent Coverage	<input type="text"/>	Partial Hospitalization	<input type="text"/>	Home Health Services	<input type="text"/>	Primary Care Physician Services	<input type="text"/>	Chiropractic Services	<input type="text"/>	Occupational Therapy Services	<input type="text"/>	Physician Specialist Services	<input type="text"/>	Mental Health Specialty Services	<input type="text"/>	Podiatry Services	<input type="text"/>
Inpatient Hospital-Acute	<input type="text"/>																										
Inpatient Hospital Psychiatric	<input type="text"/>																										
Skilled Nursing Facility (SNF)	<input type="text"/>																										
Cardiac and Pulmonary Rehabilitation Services	<input type="text"/>																										
Worldwide Emergency/Urgent Coverage	<input type="text"/>																										
Partial Hospitalization	<input type="text"/>																										
Home Health Services	<input type="text"/>																										
Primary Care Physician Services	<input type="text"/>																										
Chiropractic Services	<input type="text"/>																										
Occupational Therapy Services	<input type="text"/>																										
Physician Specialist Services	<input type="text"/>																										
Mental Health Specialty Services	<input type="text"/>																										
Podiatry Services	<input type="text"/>																										

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF – Base 9 (Reduced Deductible)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Indicate deductible for one or more of the following services

	Deductible Amount		Deductible Amount		Deductible Amount		Deductible Amount
Other Health Care Professional	<input type="text"/>	Prosthetic Devices	<input type="text"/>	Enhanced Disease Management	<input type="text"/>	Glaucoma Screening	<input type="text"/>
Psychiatric Services	<input type="text"/>	Diabetic Supplies and Services	<input type="text"/>	Telemonitoring Services	<input type="text"/>	Diabetes Self-Management Training	<input type="text"/>
Physical Therapy and Speech-Language Pathology Services	<input type="text"/>	Dialysis Services	<input type="text"/>	Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline)	<input type="text"/>	Barium Enemas	<input type="text"/>
Diagnostic Procedures/Tests/Lab Services	<input type="text"/>	Acupuncture	<input type="text"/>	Bathroom Safety Devices	<input type="text"/>	Digital Rectal Exams	<input type="text"/>
Outpatient Diagnostic/Therapeutic Radiological Services	<input type="text"/>	Over-the-Counter (OTC) Items	<input type="text"/>	Counseling Services	<input type="text"/>	EKG following Welcome Visit	<input type="text"/>
Outpatient Hospital Services	<input type="text"/>	Meal Benefit	<input type="text"/>	In-Home Safety Assessment	<input type="text"/>	Other Medicare-covered Preventive Services	<input type="text"/>
Observation Services	<input type="text"/>	Other 1	<input type="text"/>	Personal Emergency Response System (PERS)	<input type="text"/>	Medicare Part B Rx Drugs	<input type="text"/>
Ambulatory Surgical Center (ASC) Services	<input type="text"/>	Other 2	<input type="text"/>	Medical Nutrition Therapy (MNT)	<input type="text"/>	Preventive Dental	<input type="text"/>
Outpatient Substance Abuse	<input type="text"/>	Other 3	<input type="text"/>	Post discharge In-Home Medication Reconciliation	<input type="text"/>	Comprehensive Dental	<input type="text"/>
Outpatient Blood Services	<input type="text"/>	Annual Physical Exam	<input type="text"/>	Re-admission Prevention	<input type="text"/>	Eye Exams	<input type="text"/>
Ground Ambulance Services	<input type="text"/>	Health Education	<input type="text"/>	Wigs for Hair Loss Related to Chemotherapy	<input type="text"/>	Eyewear	<input type="text"/>
Air Ambulance Services	<input type="text"/>	Nutritional/Dietary Benefit	<input type="text"/>	Weight Management Programs	<input type="text"/>	Hearing Exams	<input type="text"/>
Transportation Services	<input type="text"/>	Additional sessions of Smoking and Tobacco Cessation Counseling	<input type="text"/>	Alternative Therapies	<input type="text"/>	Hearing Aids	<input type="text"/>
Durable Medical Equipment (DME)	<input type="text"/>	Fitness Benefit	<input type="text"/>	Kidney Disease Education Services	<input type="text"/>		

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBI/UF – Base 10 (Reduced Copayment)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Do you offer reduced Copayment?

Yes
 No

Select the types of benefits that apply to the copayment cost sharing:

Medicare-covered benefits
 Non-Medicare-covered benefits

Select all the Medicare-covered benefits that will receive reduced Copayment:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4a: Emergency Care/Post-Stabilization Care
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c1: Individual Sessions for Outpatient Substance Abuse
- 9c2: Group Sessions for Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a1: Ground Ambulance Services
- 10a2: Air Ambulance Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices

Select all the Non-Medicare-covered benefits that will receive reduced Copayment:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Health-related Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation Coun
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone based te
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)
- 14c13: Post discharge In-Home Medication Reconciliation
- 14c14: Re-admission Prevention
- 14c15: Wigs for Hair Loss Related to Chemotherapy

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF – Base 11 (Reduced Copayment)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Indicate Copayment for one or more of the following Medicare-covered services:

	Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment
Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Podiatry Services	<input type="text"/>	<input type="text"/>
Intensive Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Other Health Care Professional	<input type="text"/>	<input type="text"/>
Pulmonary Rehabilitation Services	<input type="text"/>	<input type="text"/>	Individual Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Emergency Care/Post-Stabilization Care	<input type="text"/>	<input type="text"/>	Group Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Urgently Needed Services	<input type="text"/>	<input type="text"/>	Physical Therapy and Speech-Language Pathology Services	<input type="text"/>	<input type="text"/>
Partial Hospitalization	<input type="text"/>	<input type="text"/>	Diagnostic Procedures/Tests	<input type="text"/>	<input type="text"/>
Home Health Services	<input type="text"/>	<input type="text"/>	Lab Services	<input type="text"/>	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	<input type="text"/>	Diagnostic Radiological Services	<input type="text"/>	<input type="text"/>
Chiropractic Services	<input type="text"/>	<input type="text"/>	Therapeutic Radiological Services	<input type="text"/>	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	<input type="text"/>	Outpatient X-Ray Services	<input type="text"/>	<input type="text"/>
Physician Specialist Services	<input type="text"/>	<input type="text"/>	Outpatient Hospital Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>	Observation Services	<input type="text"/>	<input type="text"/>
Group Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>	Ambulatory Surgical Center (ASC) Services	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF – Base 12 (Reduced Copayment)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Indicate Copayment for one or more of the following Medicare-covered services:

	Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment
Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Glaucoma Screening	<input type="text"/>	<input type="text"/>
Group Sessions for Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Diabetic Supplies and Services	<input type="text"/>	<input type="text"/>
Outpatient Blood Services	<input type="text"/>	<input type="text"/>	Barium Enemas	<input type="text"/>	<input type="text"/>
Ground Ambulance Services	<input type="text"/>	<input type="text"/>	Digital Rectal Exams	<input type="text"/>	<input type="text"/>
Air Ambulance Services	<input type="text"/>	<input type="text"/>	EKG following Welcome Visit	<input type="text"/>	<input type="text"/>
Durable Medical Equipment (DME)	<input type="text"/>	<input type="text"/>	Other Medicare-covered Preventive Services	<input type="text"/>	<input type="text"/>
Prosthetic Devices	<input type="text"/>	<input type="text"/>	Medicare Part B Chemotherapy Drugs	<input type="text"/>	<input type="text"/>
Medical Supplies	<input type="text"/>	<input type="text"/>	Other Medicare Part B Drugs	<input type="text"/>	<input type="text"/>
Diabetic Supplies	<input type="text"/>	<input type="text"/>	Comprehensive Dental	<input type="text"/>	<input type="text"/>
Diabetic Therapeutic Shoes/Inserts	<input type="text"/>	<input type="text"/>	Eye Exams	<input type="text"/>	<input type="text"/>
Dialysis Services	<input type="text"/>	<input type="text"/>	Eyewear	<input type="text"/>	<input type="text"/>
Kidney Disease Education Services	<input type="text"/>	<input type="text"/>	Hearing Exams	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF – Base 13 (Reduced Copayment)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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✔ Exit (Validate)
✘ Exit (No Validate)
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Indicate Copayment for one or more of the following Non-Medicare-covered services:

	Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment
Additional Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Other 2	<input type="text"/>	<input type="text"/>
Additional Intensive Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Other 3	<input type="text"/>	<input type="text"/>
Additional Pulmonary Rehabilitation Services	<input type="text"/>	<input type="text"/>	Annual Physical Exam	<input type="text"/>	<input type="text"/>
Worldwide Emergency Coverage	<input type="text"/>	<input type="text"/>	Health Education	<input type="text"/>	<input type="text"/>
Worldwide Urgent Coverage	<input type="text"/>	<input type="text"/>	Nutritional/Dietary Benefit	<input type="text"/>	<input type="text"/>
Worldwide Emergency Transportation	<input type="text"/>	<input type="text"/>	Additional sessions of Smoking and Tobacco Cessation Counseling	<input type="text"/>	<input type="text"/>
Chiropractic Services - Routine Care	<input type="text"/>	<input type="text"/>	Fitness Benefit	<input type="text"/>	<input type="text"/>
Chiropractic Services - Other Services	<input type="text"/>	<input type="text"/>	Enhanced Disease Management	<input type="text"/>	<input type="text"/>
Podiatry Services - Routine Foot Care	<input type="text"/>	<input type="text"/>	Telemonitoring Services	<input type="text"/>	<input type="text"/>
Transportation Services - Plan Approved Location	<input type="text"/>	<input type="text"/>	Remote Access Technologies (including WebPhone based technologies and Nursing Hotline)	<input type="text"/>	<input type="text"/>
Transportation Services - Any Health-related Location	<input type="text"/>	<input type="text"/>	Bathroom Safety Devices	<input type="text"/>	<input type="text"/>
Acupuncture	<input type="text"/>	<input type="text"/>	Counseling Services	<input type="text"/>	<input type="text"/>
Over-the-Counter (OTC) Items	<input type="text"/>	<input type="text"/>	In-Home Safety Assessment	<input type="text"/>	<input type="text"/>
Meal Benefit	<input type="text"/>	<input type="text"/>	Personal Emergency Response System (PERS)	<input type="text"/>	<input type="text"/>
Other 1	<input type="text"/>	<input type="text"/>	Medical Nutrition Therapy (MNT)	<input type="text"/>	<input type="text"/>

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#19a Reduced Cost Sharing for VBID/UF – Base 14 (Reduced Copayment)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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✓ Exit (Validate)
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Indicate Copayment for one or more of the following Non-Medicare-covered services:

	Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment
Post discharge In-Home Medication Reconciliation	<input type="text"/>	<input type="text"/>	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<input type="text"/>	<input type="text"/>
Re-admission Prevention	<input type="text"/>	<input type="text"/>	Routine Eye Exams	<input type="text"/>	<input type="text"/>
Wigs for Hair Loss Related to Chemotherapy	<input type="text"/>	<input type="text"/>	Other Eye Exam Services	<input type="text"/>	<input type="text"/>
Weight Management Programs	<input type="text"/>	<input type="text"/>	Contact Lenses	<input type="text"/>	<input type="text"/>
Alternative Therapies	<input type="text"/>	<input type="text"/>	Eyeglasses (lenses and frames)	<input type="text"/>	<input type="text"/>
Oral Exams	<input type="text"/>	<input type="text"/>	Eyeglass lenses	<input type="text"/>	<input type="text"/>
Prophylaxis (Cleaning)	<input type="text"/>	<input type="text"/>	Eyeglass frames	<input type="text"/>	<input type="text"/>
Fluoride Treatment	<input type="text"/>	<input type="text"/>	Upgrades	<input type="text"/>	<input type="text"/>
Dental X-Rays	<input type="text"/>	<input type="text"/>	Routine Hearing Exams	<input type="text"/>	<input type="text"/>
Non-routine Services	<input type="text"/>	<input type="text"/>	Fitting/Evaluation for Hearing Aid	<input type="text"/>	<input type="text"/>
Diagnostic Services	<input type="text"/>	<input type="text"/>	Hearing Aids (all types)	<input type="text"/>	<input type="text"/>
Restorative Services	<input type="text"/>	<input type="text"/>	Hearing Aids - Inner Ear	<input type="text"/>	<input type="text"/>
Endodontics	<input type="text"/>	<input type="text"/>	Hearing Aids - Outer Ear	<input type="text"/>	<input type="text"/>
Periodontics	<input type="text"/>	<input type="text"/>	Hearing Aids - Over the Ear	<input type="text"/>	<input type="text"/>
Extractions	<input type="text"/>	<input type="text"/>			

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBD/UF – Base 15 (Reduced Specialist Coinsurance)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Select all Specialists with a reduced coinsurance:

- Geriatrics
- Allergy and Immunology
- Cardiology
- Dermatology
- Endocrinology
- ENT/Otolaryngology
- Gastroenterology
- General Surgery
- Gynecology, OB/GYN
- Infectious Diseases
- Nephrology
- Neurology
- Neurosurgery
- Oncology - Medical, Surgical
- Oncology - Radiation/Radiation Oncology
- Ophthalmology
- Orthopedic Surgery
- Physiatry, Rehabilitative Medicine
- Plastic Surgery
- Pulmonology
- Rheumatology
- Urology
- Vascular Surgery
- Cardiothoracic Surgery
- Other*

* Please list the provider's actual specialty in the Notes

Indicate Coinsurance for one or more of the following Specialists:

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Geriatrics	<input type="text"/>	<input type="text"/>	Oncology - Medical, Surgical	<input type="text"/>	<input type="text"/>
Allergy and Immunology	<input type="text"/>	<input type="text"/>	Oncology - Radiation/ Radiation Oncology	<input type="text"/>	<input type="text"/>
Cardiology	<input type="text"/>	<input type="text"/>	Ophthalmology	<input type="text"/>	<input type="text"/>
Dermatology	<input type="text"/>	<input type="text"/>	Orthopedic Surgery	<input type="text"/>	<input type="text"/>
Endocrinology	<input type="text"/>	<input type="text"/>	Physiatry, Rehabilitative Medicine	<input type="text"/>	<input type="text"/>
ENT/Otolaryngology	<input type="text"/>	<input type="text"/>	Plastic Surgery	<input type="text"/>	<input type="text"/>
Gastroenterology	<input type="text"/>	<input type="text"/>	Pulmonology	<input type="text"/>	<input type="text"/>
General Surgery	<input type="text"/>	<input type="text"/>	Rheumatology	<input type="text"/>	<input type="text"/>
Gynecology, OB/GYN	<input type="text"/>	<input type="text"/>	Urology	<input type="text"/>	<input type="text"/>
Infectious Diseases	<input type="text"/>	<input type="text"/>	Vascular Surgery	<input type="text"/>	<input type="text"/>
Nephrology	<input type="text"/>	<input type="text"/>	Cardiothoracic Surgery	<input type="text"/>	<input type="text"/>
Neurology	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Neurosurgery	<input type="text"/>	<input type="text"/>			

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF – Base 16 (Reduced Specialist Deductible)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Go To: #19a Reduced Cost Sharing for VBID/UF - Base 16 (Reduced Specialist Deductible)

Select all Specialists with a reduced deductible:

- Geriatrics
- Allergy and Immunology
- Cardiology
- Dermatology
- Endocrinology
- ENT/Otolaryngology
- Gastroenterology
- General Surgery
- Gynecology, OB/GYN
- Infectious Diseases
- Nephrology
- Neurology
- Neurosurgery
- Oncology - Medical, Surgical
- Oncology - Radiation/Radiation Oncology
- Ophthalmology
- Orthopedic Surgery
- Physiatry, Rehabilitative Medicine
- Plastic Surgery
- Pulmonology
- Rheumatology
- Urology
- Vascular Surgery
- Cardiothoracic Surgery
- Other*

* Please list the provider's actual specialty in the Notes

Indicate Deductible for one or more of the following Specialists:

	Deductible Amount		Deductible Amount
Geriatrics	<input type="text"/>	Oncology - Medical, Surgical	<input type="text"/>
Allergy and Immunology	<input type="text"/>	Oncology - Radiation/Radiation Oncology	<input type="text"/>
Cardiology	<input type="text"/>	Ophthalmology	<input type="text"/>
Dermatology	<input type="text"/>	Orthopedic Surgery	<input type="text"/>
Endocrinology	<input type="text"/>	Physiatry, Rehabilitative Medicine	<input type="text"/>
ENT/Otolaryngology	<input type="text"/>	Plastic Surgery	<input type="text"/>
Gastroenterology	<input type="text"/>	Pulmonology	<input type="text"/>
General Surgery	<input type="text"/>	Rheumatology	<input type="text"/>
Gynecology, OB/GYN	<input type="text"/>	Urology	<input type="text"/>
Infectious Diseases	<input type="text"/>	Vascular Surgery	<input type="text"/>
Nephrology	<input type="text"/>	Cardiothoracic Surgery	<input type="text"/>
Neurology	<input type="text"/>	Other	<input type="text"/>
Neurosurgery	<input type="text"/>		

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF – Base 17 (Reduced Specialist Copayment)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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✔ Exit (Validate)
✘ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBID/UF - Base 17 (Reduced Specialist Copayment)

Select all Specialists with a reduced copayment:

- Geriatrics
- Allergy and Immunology
- Cardiology
- Dermatology
- Endocrinology
- ENT/Otolaryngology
- Gastroenterology
- General Surgery
- Gynecology, OB/GYN
- Infectious Diseases
- Nephrology
- Neurology
- Neurosurgery
- Oncology - Medical, Surgical
- Oncology - Radiation/Radiation Oncology
- Ophthalmology
- Orthopedic Surgery
- Physiatry, Rehabilitative Medicine
- Plastic Surgery
- Pulmonology
- Rheumatology
- Urology
- Vascular Surgery
- Cardiothoracic Surgery
- Other*

* Please list the provider's actual specialty in the Notes

Indicate Copayment for one or more of the following Specialists:

	Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment
Geriatrics	<input type="text"/>	<input type="text"/>	Oncology - Medical, Surgical	<input type="text"/>	<input type="text"/>
Allergy and Immunology	<input type="text"/>	<input type="text"/>	Oncology - Radiation/ Radiation Oncology	<input type="text"/>	<input type="text"/>
Cardiology	<input type="text"/>	<input type="text"/>	Ophthalmology	<input type="text"/>	<input type="text"/>
Dermatology	<input type="text"/>	<input type="text"/>	Orthopedic Surgery	<input type="text"/>	<input type="text"/>
Endocrinology	<input type="text"/>	<input type="text"/>	Physiatry, Rehabilitative Medicine	<input type="text"/>	<input type="text"/>
ENT/Otolaryngology	<input type="text"/>	<input type="text"/>	Plastic Surgery	<input type="text"/>	<input type="text"/>
Gastroenterology	<input type="text"/>	<input type="text"/>	Pulmonology	<input type="text"/>	<input type="text"/>
General Surgery	<input type="text"/>	<input type="text"/>	Rheumatology	<input type="text"/>	<input type="text"/>
Gynecology, OB/GYN	<input type="text"/>	<input type="text"/>	Urology	<input type="text"/>	<input type="text"/>
Infectious Diseases	<input type="text"/>	<input type="text"/>	Vascular Surgery	<input type="text"/>	<input type="text"/>
Nephrology	<input type="text"/>	<input type="text"/>	Cardiothoracic Surgery	<input type="text"/>	<input type="text"/>
Neurology	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Neurosurgery	<input type="text"/>	<input type="text"/>			

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBI/UF – Base 18 (Retroactive Reimbursement)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: #19a Reduced Cost Sharing for VBI/UF - Base 18 (Retroactive Reimbursement)

Are you offering retroactive reimbursement?

Yes
 No

Is there a maximum aggregate amount of reduced cost sharing?

Yes
 No

Are all services for which cost sharing is reduced retroactively reimbursed?

Yes
 No

Select the benefits that will be retroactively reimbursed:

Medicare-covered
 Non-Medicare-covered

Specify the maximum aggregate amount of reduced cost sharing:

Select the Medicare-covered benefits that will be retroactively reimbursed:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Service
- 3-3: Pulmonary Rehabilitation Services
- 4a: Emergency Care/Post-Stabilization Care
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health S
- 7e2: Group Sessions for Mental Health Spec
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Ser
- 7h2: Group Sessions for Psychiatric Service
- 7i: Physical Therapy and Speech-Language
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation Services
- 9b: Ambulatory Surgical Center (ASC) Servi
- 9c1: Individual Sessions for Outpatient Subs
- 9c2: Group Sessions for Outpatient Substar
- 9d: Outpatient Blood Services
- 10a1: Ground Ambulance Services

Select the Non-Medicare-covered benefits that will be retroactively reimbursed:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Service
- 3-3: Pulmonary Rehabilitation Services
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Appro
- 10b2: Transportation Services - Any Health
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tc
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (includi
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response Syst
- 14c12: Medical Nutrition Therapy (MNT)

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2019 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF – Notes

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: #19a Reduced Cost Sharing for VBID/UF - Notes

Previous Next Exit (Validate) Exit (No Validate)

Please describe any additional measures taken to reduce cost sharing, and/or other pertinent information regarding how the VBID/MA Uniformity Flexibility benefit is administered to Beneficiaries.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Inpatient Hospital-Acute Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Additional Days
 Non-Medicare-covered Stay
 Upgrades

Select type of benefit for Additional Days:

Mandatory
 Optional

Is this benefit unlimited for Additional Days?

Yes
 No, indicate number

Indicate number of Additional Days per benefit period:

Select type of benefit for Non-Medicare-covered stay:

Mandatory
 Optional

Select type of benefit for Upgrades:

Mandatory
 Optional

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 2

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate the Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Benefit Period
 Every Stay
 Other, Describe

Does this plan's Medicare-covered benefit costsharing vary by hospital(s) in which an enrollee obtains care?

Yes
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1
 Tier 2
 Tier 3

Is there an enrollee Coinsurance?

Yes
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval	Begin Day Interval	End Day Interval
[]	[]	[]
Coinsurance % Interval 2	Begin Day Interval 2	End Day Interval 2:
[]	[]	[]
Coinsurance % Interval 3	Begin Day Interval 3	End Day Interval 3:
[]	[]	[]

Medicare-covered Coinsurance Cost Sharing for Tier 3:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval	Begin Day Interval	End Day Interval
[]	[]	[]
Coinsurance % Interval 2	Begin Day Interval 2	End Day Interval 2:
[]	[]	[]
Coinsurance % Interval 3	Begin Day Interval 3	End Day Interval 3:
[]	[]	[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 4

Medicare-covered Lifetime Reserve Days Tier 1

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days	
	Coinsurance %	Begin Day End Day
Interval 1:	<input type="text"/>	<input type="text"/> <input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/> <input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/> <input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 2

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days	
	Coinsurance %	Begin Day End Day
Interval 1:	<input type="text"/>	<input type="text"/> <input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/> <input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/> <input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 3

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days	
	Coinsurance %	Begin Day End Day
Interval 1:	<input type="text"/>	<input type="text"/> <input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/> <input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/> <input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?
 Yes
 No

How many cost sharing tiers do you offer?
[]

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

Is the Coinsurance structure for the Non-Medicare-covered stay the same as the Coinsurance structure for the Medicare-covered stay?

Yes
 No

Indicate Coinsurance percentage for the Non-Medicare-covered stay:

Is the Coinsurance structure for Upgrades the same as the Coinsurance structure for the Medicare-covered stay?

Yes
 No

Indicate Coinsurance percentage for Upgrades:

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 7

Previous Next Exit (Validate) Exit (No Validate)

If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount for Tier 1:
[]

Indicate Deductible Amount for Tier 2:
[]

Indicate Deductible Amount for Tier 3:
[]

Is there an enrollee Copayment?
 Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Copayment amount for the Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90). For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1: []	Begin Day Interval 1: []	End Day Interval 1: []
Copayment Amt Interval 2: []	Begin Day Interval 2: []	End Day Interval 2: []
Copayment Amt Interval 3: []	Begin Day Interval 3: []	End Day Interval 3: []

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 8

File Help
Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 8

Previous
Next
Exit (Validate)
Exit (No Validate)

Medicare-covered Copayment Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Copayment Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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VBID/UF 19A #1a Inpatient Hospital-Acute – Base 9

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Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 9

Previous
Next
Exit (Validate)
Exit (No Validate)

Medicare-covered Lifetime Reserve Days Tier 1

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days		
	Copay Amount	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 2

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days		
	Copay Amount	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 3

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days		
	Copay Amount	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 10

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter '999' if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Days Copayment Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter '999' if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 11

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 11

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Copayment structure for the Non-Medicare-covered stay the same as the Copayment structure for the Medicare-covered stay?

Yes
 No

Indicate Copayment amount for the Non-Medicare-covered stay:

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1a Inpatient Hospital-Acute – Base 12

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1a Inpatient Hospital-Acute - Base 12

Previous Next Exit (Validate) Exit (No Validate)

Is the Copayment structure for Upgrades the same as the Copayment structure for the Medicare-covered stay?

Yes
 No

Indicate Copayment amount for Upgrades per stay:
[]

Indicate Copayment amount for Upgrades per day:
[]

What is your Inpatient Hospital-Acute benefit period?

Original Medicare
 Annual
 Per Admission or Per Stay
 Other, Describe

If "Other, Describe" is selected enter description below:
[]

Do you charge cost sharing on the day of discharge?

Yes
 No

Is authorization required?

Yes
 No

Is a referral required for Inpatient Hospital-Acute Services?

Yes
 No

Inpatient Hospital-Acute Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:
[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Inpatient Hospital Psychiatric Services as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefit:
 Additional Days
 Non-Medicare-covered Stay

Select type of benefit for Additional Days:
 Mandatory
 Optional

Is this benefit unlimited for Additional Days?
 Yes
 No, indicate number

Indicate number of Additional Days per benefit period:

Select type of benefit for Non-Medicare-covered stay:
 Mandatory
 Optional

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Inpatient Hospital Services Category 1a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Benefit Period
 Every Stay
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Medicare-covered benefit costsharing vary by hospital(s) in which an enrollee obtains care?
 Yes
 No

How many costsharing tiers do you offer?
[]

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Is there an enrollee Coinsurance?
 Yes
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
[]	[]	[]
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
[]	[]	[]
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
[]	[]	[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 3

File Help
Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 3

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Exit (Validate)
Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Coinsurance Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fu Associates, Ltd.

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11/21/2017

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help
Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 4

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✔ Exit (Validate)
✖ Exit (No Validate)

Medicare-covered Lifetime Reserve Days Tier 1

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days		
	Coinsurance %	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 2

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days		
	Coinsurance %	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 3

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days		
	Coinsurance %	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?
 Yes
 No

How many cost sharing tiers do you offer?
[]

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

Is the Coinsurance structure for the Non-Medicare-covered stay the same as the Coinsurance structure for the Medicare-covered stay?

Yes
 No

Indicate Coinsurance percentage for the Non-Medicare-covered stay:
[]

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 7

Previous Next Exit (Validate) Exit (No Validate)

If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount for Tier 1:

Indicate Deductible Amount for Tier 2:

Indicate Deductible Amount for Tier 3:

Is there an enrollee Copayment?
 Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Copayment amount for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 8

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Medicare-covered Copayment Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No
Indicate Copayment amount for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three
Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Medicare-covered Copayment Cost Sharing for Tier 3:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No
Indicate Copayment amount for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three
Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 9

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Medicare-covered Lifetime Reserve Days Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3																																																												
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CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 10

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:

Additional Days Copayment Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 11

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 11

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter '999' if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Copayment structure for the Non-Medicare-covered stay the same as the Copayment structure for the Medicare-covered stay?

Yes
 No

Indicate Copayment amount for the Non-Medicare-covered stay:

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Non-Medicare-covered stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 12

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #1b Inpatient Hospital Psychiatric - Base 12

Previous Next Exit (Validate) Exit (No Validate)

What is your Inpatient Hospital Psychiatric benefit period?

Original Medicare
 Annual
 Per Admission or Per Stay
 Other, Describe

If "Other, Describe" is selected enter description below:

Do you charge cost sharing on the day of discharge?

Yes
 No

Is authorization required?

Yes
 No

Is a referral required for Inpatient Psychiatric Hospital Services?

Yes
 No

Inpatient Hospital Psychiatric Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Skilled Nursing Facility Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Additional days beyond Medicare-covered
 Non-Medicare-covered stay (MMP Only)

Select type of benefit for Additional Days beyond Medicare-covered:

Mandatory
 Optional

Is this benefit unlimited for Additional Days?

Yes
 No, indicate number

Indicate the number of Additional Days beyond Medicare-covered per benefit period:

Select type of benefit for the Non-Medicare-covered stay:

Mandatory
 Optional

Do you allow less than 3 day inpatient hospital stay prior to SNF admission?

Yes
 No

Indicate the Number of Hospital Days Required Prior to SNF Admission (0-2):

Zero
 One
 Two

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Stay
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Medicare-covered benefit cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?
 Yes
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Is there an enrollee Coinsurance?
 Yes
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined costshares? (These are the total charges for all services provided to the enrollee in the SNF.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g., 1 to 20; 21 to 100):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100):

Coinsurance % Interval	Begin Day Interval	End Day Interval
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Coinsurance Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100):

Coinsurance % Interval	Begin Day Interval	End Day Interval
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?

Yes
 No

How many costsharing tiers do you offer?
[]

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:
[] [] []

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:
Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:
[] [] []

Is the Coinsurance structure for the Non-Medicare-covered stay the same as the Coinsurance structure for the Medicare-covered stay?
 Yes
 No

Indicate Coinsurance percentage for the Non-Medicare-covered stay:
[]

Indicate the number of day intervals for the Non-Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 6

Previous Next Exit (Validate) Exit (No Validate)

If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount Tier 1:
[]

Indicate Deductible Amount Tier 2:
[]

Indicate Deductible Amount Tier 3:
[]

Is there an enrollee Copayment?
 Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
 Yes
 No

Indicate Copayment amount for Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:
[]	[]	[]
Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:
[]	[]	[]
Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:
[]	[]	[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 7

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Copayment Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

Yes
 No

Indicate Copayment amount for Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.: 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:

Medicare-covered Copayment Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

Yes
 No

Indicate Copayment amount for Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.: 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 8

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:
[] [] []

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:
[] [] []

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:
[] [] []

Additional Days Copayment Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:
[] [] []

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:
[] [] []

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 9

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 9

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Copayment structure for the Non-Medicare-covered stay the same as the Copayment structure for the Medicare-covered stay?

Yes
 No

Indicate Copayment amount for Non-Medicare-covered stay:

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19A #2 SNF – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19A #2 SNF - Base 10

Previous Next Exit (Validate) Exit (No Validate)

What is your SNF benefit period?

Original Medicare
 Annual
 Per Admission or Per Stay
 Other, Describe

If "Other, Describe" is selected enter description below:

Do you charge cost sharing on the day of discharge?

Yes
 No

Is authorization required?

Yes
 No

Is a referral required for SNF Services?

Yes
 No

SNF Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: #19b Additional Benefits for VBID/UF

Previous Next Exit (Validate) Exit (No Validate)

[CLICK FOR DESCRIPTION OF BENEFIT](#)

Does your VBID/MA Uniformity Flexibility benefit offer additional Part C benefits?

Yes
 No

How many packages do your Additional Benefits contain? (1-15)

When entering the maximum and minimum copayment or cost sharing for a service category, list only the VBID/MA Uniformity Flexibility in benefit's maximum and minimum for that category. Do not enter the VBID/MA Uniformity Flexibility cost sharing amount as the minimum and the non-VBID/MA Uniformity Flexibility cost sharing amount as a maximum. If there is a limit to the number of services units that qualify for VBID/MA Uniformity Flexibility cost sharing, after which the regular cost sharing amount applies, specify the limit in notes. After an enrollee reaches the limit, CMS will look to the main PBP sections for the applicable cost sharing amount.

When entering VBID/MA Uniformity Flexibility benefit packages, create a separate package for each unique targeted clinical condition group to which the organization is offering a VBID/MA Uniformity Flexibility benefit package. Even if the plan is offering otherwise identical benefits to enrollees with one of two conditions, enter those benefits in two identical packages, each time selecting a single condition. Do not select multiple conditions within a single package unless the enrollee must have all conditions in order to qualify for the benefit (a multiple co-morbidity category).

CY 2019 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF – Package Type

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #19b Additional Benefits for VBID/UF - Package Type

Is this package applicable to VBID or MA Uniformity Flexibility?

VBID

MA Uniformity Flexibility

CY 2019 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF – Disease States: VBID

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: #19b Additional Benefits for VBID/UF - Disease States: VBID

Previous Next Exit (Validate) Exit (No Validate)

Which disease states does this benefit apply to? (Select all that apply):

- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Patient with Past Stroke
- Hypertension
- Coronary Artery Disease
- Mood Disorders
- Rheumatoid Arthritis
- Dementia
- Other CMS Approved Disease State

If selecting 'Other CMS Approved Disease State' or 'Mood Disorders,' please use the notes field to describe the selected targeted clinical condition group and the methodology used to identify beneficiaries within your targeted clinical condition, such as a list of ICD-10 codes.

CY 2019 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF – Disease States: UF

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: #19b Additional Benefits for VBID/UF - Disease States: UF

Previous Next Exit (Validate) Exit (No Validate)

Which disease states does this benefit apply to? (Select all that apply):

- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Patient with Past Stroke
- Hypertension
- Coronary Artery Disease
- Mood Disorders
- Rheumatoid Arthritis
- Dementia
- Other 1
- Other 2
- Other 3
- Other 4
- Other 5

Other 1 Description:

Other 2 Description:

Other 3 Description:

Other 4 Description:

Other 5 Description:

If selecting Other 1-5, please use the notes field for this package to briefly describe the targeted clinical condition group.

CY 2019 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF – Base 1 (Package Info)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: #19b Additional Benefits for VBID/UF - Base 1 (Package Info)

Previous Next Exit (Validate) Exit (No Validate)

Is there a prerequisite for any additional benefits for this package?

Yes
 No

Which prerequisites are required for this package?

High value provider
 Participation in a Wellness or Care Management Program
 Other, Describe

Select all the Non-Medicare-covered additional benefits offered in this package:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3: Cardiac and Pulmonary Rehabilitation Services
- 4c: Worldwide Emergency/Urgent Coverage
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14b: Annual Physical Exam
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4
- 16a: Preventive Dental
- 16b: Comprehensive Dental
- 17a: Eye Exams
- 17b: Eyewear
- 18a: Hearing Exams

CY 2019 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF – Base 2 (OON/POS/Plan-level Deductible)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: #19b Additional Benefits for VBID/UF - Base 2 (OON/POS/Plan-level Deductible)

Previous Next Exit (Validate) Exit (No Validate)

Do the benefits in this package apply to OON/POS?

Yes
 No

Are any benefits exempt from the plan-level deductible?

Yes
 No

Select all the Non-Medicare-covered additional benefits that are exempt from the plan-level deductible:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3: Cardiac and Pulmonary Rehabilitation Services
- 4c: Worldwide Emergency/Urgent Coverage
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14b: Annual Physical Exam
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4
- 16a: Preventive Dental
- 16b: Comprehensive Dental
- 17a: Eye Exams
- 17b: Eyewear
- 18a: Hearing Exams

CY 2019 PBP Data Entry System Screens

#19b Additional Benefits for VBI/UF – Base 3 (Retroactive Reimbursement)

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: #19b Additional Benefits for VBI/UF - Base 3 (Retroactive Reimbursement)

Previous Next Exit (Validate) Exit (No Validate)

Are you offering retroactive reimbursement?
 Yes
 No

Are all services for which cost sharing is reduced retroactively reimbursed?
 Yes
 No

Is there a maximum aggregate amount of reduced cost sharing?
 Yes
 No

Specify the maximum aggregate amount of reduced cost sharing:

Select the Non-Medicare-covered benefits that will be retroactively reimbursed:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Health-related Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone)
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)

CY 2019 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF – Notes

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: #19b Additional Benefits for VBID/UF - Notes

Previous Next Exit (Validate) Exit (No Validate)

Please describe any additional measures taken to reduce cost sharing, and/or other pertinent information regarding how the VBID benefit is administered to Beneficiaries.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Inpatient Hospital-Acute Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Additional Days
 Non-Medicare-covered Stay
 Upgrades

Select type of benefit for Additional Days:

Mandatory
 Optional

Is this benefit unlimited for Additional Days?

Yes
 No, indicate number

Indicate number of Additional Days per benefit period:

Select type of benefit for Non-Medicare-covered stay:

Mandatory
 Optional

Select type of benefit for Upgrades:

Mandatory
 Optional

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate the Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Benefit Period
 Every Stay
 Other, Describe

Does this plan's Medicare-covered benefit costsharing vary by hospital(s) in which an enrollee obtains care?

Yes
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1
 Tier 2
 Tier 3

Is there an enrollee Coinsurance?

Yes
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval	Begin Day Interval	End Day Interval
Coinsurance % Interval 1	Begin Day Interval 1	End Day Interval 1
_____	_____	_____
Coinsurance % Interval 2	Begin Day Interval 2	End Day Interval 2
_____	_____	_____
Coinsurance % Interval 3	Begin Day Interval 3	End Day Interval 3
_____	_____	_____

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval	Begin Day Interval	End Day Interval
[]	[]	[]
Coinsurance % Interval 2	Begin Day Interval 2	End Day Interval 2:
[]	[]	[]
Coinsurance % Interval 3	Begin Day Interval 3	End Day Interval 3:
[]	[]	[]

Medicare-covered Coinsurance Cost Sharing for Tier 3:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval	Begin Day Interval	End Day Interval
[]	[]	[]
Coinsurance % Interval 2	Begin Day Interval 2	End Day Interval 2:
[]	[]	[]
Coinsurance % Interval 3	Begin Day Interval 3	End Day Interval 3:
[]	[]	[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To:

Medicare-covered Lifetime Reserve Days Tier 1

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days	
	Coinsurance %	End Day
Interval 1:	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 2

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days	
	Coinsurance %	End Day
Interval 1:	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 3

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Interval Days	
	Coinsurance %	End Day
Interval 1:	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?
 Yes
 No

How many costsharing tiers do you offer?

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 6

Additional Days Coinsurance Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
 Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
 Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

Is the Coinsurance structure for the Non-Medicare-covered stay the same as the Coinsurance structure for the Medicare-covered stay?

Yes
 No

Indicate Coinsurance percentage for the Non-Medicare-covered stay:

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
 Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
 Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

Is the Coinsurance structure for Upgrades the same as the Coinsurance structure for the Medicare-covered stay?

Yes
 No

Indicate Coinsurance percentage for Upgrades:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 7

Previous Next Exit (Validate) Exit (No Validate)

If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount for Tier 1:
[]

Indicate Deductible Amount for Tier 2:
[]

Indicate Deductible Amount for Tier 3:
[]

Is there an enrollee Copayment?
 Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Copayment amount for the Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90). For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1: []	Begin Day Interval 1: []	End Day Interval 1: []
Copayment Amt Interval 2: []	Begin Day Interval 2: []	End Day Interval 2: []
Copayment Amt Interval 3: []	Begin Day Interval 3: []	End Day Interval 3: []

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 8

File Help
Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 8

Previous
Next
Exit (Validate)
Exit (No Validate)

Medicare-covered Copayment Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Copayment Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fu Associates, Ltd.

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11/21/2017

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 9

File Help
Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 9

Medicare-covered Lifetime Reserve Days Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3																																																																																																																		
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CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 10

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter '999' if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Days Copayment Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter '999' if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 11

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 11

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Copayment structure for the Non-Medicare-covered stay the same as the Copayment structure for the Medicare-covered stay?

Yes
 No

Indicate Copayment amount for the Non-Medicare-covered stay:

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 12

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1a Inpatient Hospital-Acute - Base 12

Previous Next Exit (Validate) Exit (No Validate)

Is the Copayment structure for Upgrades the same as the Copayment structure for the Medicare-covered stay?

Yes
 No

Indicate Copayment amount for Upgrades per stay:
[]

Indicate Copayment amount for Upgrades per day:
[]

What is your Inpatient Hospital-Acute benefit period?

Original Medicare
 Annual
 Per Admission or Per Stay
 Other, Describe

If "Other, Describe" is selected enter description below:
[]

Do you charge cost sharing on the day of discharge?

Yes
 No

Is authorization required?

Yes
 No

Is a referral required for Inpatient Hospital-Acute Services?

Yes
 No

Inpatient Hospital-Acute Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:
[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1b Inpatient Hospital Psychiatric - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Inpatient Hospital Psychiatric Services as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefit:
 Additional Days
 Non-Medicare-covered Stay

Select type of benefit for Additional Days:
 Mandatory
 Optional

Is this benefit unlimited for Additional Days?
 Yes
 No, indicate number

Indicate number of Additional Days per benefit period:

Select type of benefit for Non-Medicare-covered stay:
 Mandatory
 Optional

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Inpatient Hospital Services Category 1a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Benefit Period
 Every Stay
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1b Inpatient Hospital Psychiatric - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Medicare-covered benefit costsharing vary by hospital(s) in which an enrollee obtains care?
 Yes
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Is there an enrollee Coinsurance?
 Yes
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 3

The screenshot shows a web-based data entry application titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF 19B #1b Inpatient Hospital Psychiatric - Base 3".

The main content area is divided into two columns for "Medicare-covered Coinsurance Cost Sharing for Tier 2" and "Medicare-covered Coinsurance Cost Sharing for Tier 3". Each column contains the following fields:

- Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 - Yes
 - No
- Indicate Coinsurance percentage for the Medicare-covered stay:
- Indicate the number of day intervals for the Medicare-covered stay:
 - Zero (No Coinsurance per Day)
 - One
 - Two
 - Three
- Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):
 - Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
 - Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
 - Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
File Help

◀ Previous
Next ▶
✔ Exit (Validate)
✖ Exit (No Validate)

Go To: VBID/UF 19B #1b Inpatient Hospital Psychiatric - Base 4

Medicare-covered Lifetime Reserve Days Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3																																																																																										
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CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Go To: VBID/UF 19B #1b Inpatient Hospital Psychiatric - Base 5

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Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?
 Yes
 No

How many cost sharing tiers do you offer?
[]

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1b Inpatient Hospital Psychiatric - Base 6

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Additional Days Coinsurance Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Coinurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

Is the Coinsurance structure for the Non-Medicare-covered stay the same as the Coinsurance structure for the Medicare-covered stay?

Yes
 No

Indicate Coinsurance percentage for the Non-Medicare-covered stay:
[]

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Coinurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount for Tier 1:
[]

Indicate Deductible Amount for Tier 2:
[]

Indicate Deductible Amount for Tier 3:
[]

Is there an enrollee Copayment?
 Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Copayment amount for the Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90). For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
[]	[]	[]
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
[]	[]	[]
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
[]	[]	[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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✔ Exit (Validate)
✘ Exit (No Validate)

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<p>Medicare-covered Copayment Cost Sharing for Tier 2:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Medicare-covered Copayment Cost Sharing for Tier 3:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 9

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Go To: VBID/UF 19B #1b Inpatient Hospital Psychiatric - Base 9

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Medicare-covered Lifetime Reserve Days Tier 1

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

Interval Days		
Copay Amount	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 2

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

Interval Days		
Copay Amount	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>

Medicare-covered Lifetime Reserve Days Tier 3

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

Interval Days		
Copay Amount	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Days Copayment Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 11

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1b Inpatient Hospital Psychiatric - Base 11

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Copayment structure for the Non-Medicare-covered stay the same as the Copayment structure for the Medicare-covered stay?

Yes
 No

Indicate Copayment amount for the Non-Medicare-covered stay:

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #1b Inpatient Hospital Psychiatric – Base 12

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #1b Inpatient Hospital Psychiatric - Base 12

Previous Next Exit (Validate) Exit (No Validate)

What is your Inpatient Hospital Psychiatric benefit period?

Original Medicare
 Annual
 Per Admission or Per Stay
 Other, Describe

If "Other, Describe" is selected enter description below:

Do you charge cost sharing on the day of discharge?

Yes
 No

Is authorization required?

Yes
 No

Is a referral required for Inpatient Psychiatric Hospital Services?

Yes
 No

Inpatient Hospital Psychiatric Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 1

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CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Skilled Nursing Facility Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Additional days beyond Medicare-covered
 Non-Medicare-covered stay (MMP Only)

Select type of benefit for Additional Days beyond Medicare-covered:

Mandatory
 Optional

Is this benefit unlimited for Additional Days?

Yes
 No, indicate number

Indicate the number of Additional Days beyond Medicare-covered per benefit period:

Select type of benefit for the Non-Medicare-covered stay:

Mandatory
 Optional

Do you allow less than 3 day inpatient hospital stay prior to SNF admission?

Yes
 No

Indicate the Number of Hospital Days Required Prior to SNF Admission (0-2):

Zero
 One
 Two

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Stay
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Medicare-covered benefit cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?
 Yes
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Is there an enrollee Coinsurance?
 Yes
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined costshares? (These are the total charges for all services provided to the enrollee in the SNF.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g., 1 to 20; 21 to 100):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Coinsurance Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?

Yes
 No

How many costsharing tiers do you offer?
[]

What is your lowest cost tier?
 Tier 1
 Tier 2
 Tier 3

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:
[] [] []

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:
Indicate the number of day intervals for Additional Days:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Coinsurance structure for the Non-Medicare-covered stay the same as the Coinsurance structure for the Medicare-covered stay?
 Yes
 No

Indicate Coinsurance percentage for the Non-Medicare-covered stay:

Indicate the number of day intervals for the Non-Medicare-covered stay:
 Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 6

Previous Next Exit (Validate) Exit (No Validate)

If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount Tier 1:
[]

Indicate Deductible Amount Tier 2:
[]

Indicate Deductible Amount Tier 3:
[]

Is there an enrollee Copayment?
 Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
 Yes
 No

Indicate Copayment amount for Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100). For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:
[]	[]	[]
Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:
[]	[]	[]
Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:
[]	[]	[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 7

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Copayment Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

Yes
 No

Indicate Copayment amount for Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.: 1 to 20; 21 to 100): For more information on costshare limitations please view the variable help.

Copayment Amt Interval 1: [] Begin Day Interval 1: [] End Day Interval 1: []
Copayment Amt Interval 2: [] Begin Day Interval 2: [] End Day Interval 2: []
Copayment Amt Interval 3: [] Begin Day Interval 3: [] End Day Interval 3: []

Medicare-covered Copayment Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

Yes
 No

Indicate Copayment amount for Medicare-covered stay:
[]

Indicate the number of day intervals for the Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.: 1 to 20; 21 to 100): For more information on costshare limitations please view the variable help.

Copayment Amt Interval 1: [] Begin Day Interval 1: [] End Day Interval 1: []
Copayment Amt Interval 2: [] Begin Day Interval 2: [] End Day Interval 2: []
Copayment Amt Interval 3: [] Begin Day Interval 3: [] End Day Interval 3: []

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 8

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:

Additional Days Copayment Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 9

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 9

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:

Is the Copayment structure for the Non-Medicare-covered stay the same as the Copayment structure for the Medicare-covered stay?

Yes
 No

Indicate Copayment amount for Non-Medicare-covered stay:

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #2 SNF – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #2 SNF - Base 10

Previous Next Exit (Validate) Exit (No Validate)

What is your SNF benefit period?

Original Medicare
 Annual
 Per Admission or Per Stay
 Other, Describe

If "Other, Describe" is selected enter description below:

Do you charge cost sharing on the day of discharge?

Yes
 No

Is authorization required?

Yes
 No

Is a referral required for SNF Services?

Yes
 No

SNF Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Cardiac and Pulmonary Rehabilitation Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Additional Cardiac Rehabilitation Services
 Additional Intensive Cardiac Rehabilitation Services
 Additional Pulmonary Rehabilitation Services

Select type of benefit for Additional Cardiac Rehabilitation Services:

Mandatory
 Optional

Is this benefit unlimited for Additional Cardiac Rehabilitation Services?

Yes
 No, indicate number

Indicate number of visits for Additional Cardiac Rehabilitation Services:

Select the Additional Cardiac Rehabilitation Services periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Additional Intensive Cardiac Rehabilitation Services:

Mandatory
 Optional

Is this benefit unlimited for Additional Intensive Cardiac Rehabilitation Services?

Yes
 No, indicate number

Indicate number of visits for Additional Intensive Cardiac Rehabilitation Services:

Select the Additional Intensive Cardiac Rehabilitation Services periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Additional Pulmonary Rehabilitation Services:

Mandatory
 Optional

Is this benefit unlimited for Additional Pulmonary Rehabilitation Services?

Yes
 No, indicate number

Indicate number of visits for Additional Pulmonary Rehabilitation Services:

Select the Additional Pulmonary Rehabilitation Services periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 2

PBPD Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
File Help

Go To: VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services - Base 2

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Is there an enrollee Coinsurance?
 Yes
 No

Select which Cardiac and Pulmonary Rehabilitation Services have a Coinsurance (Select all that apply):

- Medicare-covered Cardiac Rehabilitation Services
- Medicare-covered Intensive Cardiac Rehabilitation Services
- Medicare-covered Pulmonary Rehabilitation Services
- Additional Cardiac Rehabilitation Services
- Additional Intensive Cardiac Rehabilitation Services
- Additional Pulmonary Rehabilitation Services

	Minimum Coinsurance	Maximum Coinsurance
Indicate Coinsurance percentage for Medicare-covered Cardiac Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Medicare-covered Intensive Cardiac Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Medicare-covered Pulmonary Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Additional Cardiac Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Additional Intensive Cardiac Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Additional Pulmonary Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
File Help

Go To: VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services - Base 3

<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount: <input type="text"/></p> <p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Cardiac and Pulmonary Rehabilitation Services have a Copayment (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Cardiac Rehabilitation Services</p> <p><input type="checkbox"/> Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p><input type="checkbox"/> Medicare-covered Pulmonary Rehabilitation Services</p> <p><input type="checkbox"/> Additional Cardiac Rehabilitation Services</p> <p><input type="checkbox"/> Additional Intensive Cardiac Rehabilitation Services</p> <p><input type="checkbox"/> Additional Pulmonary Rehabilitation Services</p>	<p>Indicate Copayment amount for Medicare-covered Cardiac Rehabilitation Services:</p> <p>Indicate Copayment amount for Medicare-covered Intensive Cardiac Rehabilitation Services:</p> <p>Indicate Copayment amount for Medicare-covered Pulmonary Rehabilitation Services:</p> <p>Indicate Copayment amount for Additional Cardiac Rehabilitation Services:</p> <p>Indicate Copayment amount for Additional Intensive Cardiac Rehabilitation Services:</p> <p>Indicate Copayment amount for Additional Pulmonary Rehabilitation Services:</p>	<p>Minimum Copayment</p> <p>Maximum Copayment</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CY 2019 PBP Data Entry System Screens

VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 4

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with navigation buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services - Base 4".

The main content area contains the following sections:

- Is authorization required?** with radio buttons for "Yes" and "No" and an empty text input field.
- Is a referral required?** with radio buttons for "Yes" and "No" and an empty text input field.
- Cardiac and Pulmonary Rehabilitation Services Notes**
 - Text: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."
 - Text: "Notes:"
 - A large, empty text area for entering notes, with a vertical scrollbar on the right side.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #4c Worldwide Emergency/Urgent Coverage – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #4c Worldwide Emergency/Urgent Coverage - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Worldwide Emergency/Urgent Coverage as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Worldwide Emergency Coverage
 Worldwide Urgent Coverage
 Worldwide Emergency Transportation

Select type of benefit for Worldwide Emergency Coverage:

Mandatory
 Optional

Select type of benefit for Worldwide Urgent Coverage:

Mandatory
 Optional

Select type of benefit for Worldwide Emergency Transportation:

Mandatory
 Optional

Is there a Maximum Plan Benefit Coverage amount for Worldwide Emergency/Urgent Coverage?

Yes
 No

Is the service-specific Maximum Plan Benefit Coverage amount unlimited?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #4c Worldwide Emergency/Urgent Coverage – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #4c Worldwide Emergency/Urgent Coverage - Base 2

Previous Next Exit (Validate) Exit (No Validate)

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Worldwide Services have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Worldwide Emergency Coverage <input type="checkbox"/> Worldwide Urgent Coverage <input type="checkbox"/> Worldwide Emergency Transportation</p> <p>Indicate Minimum Coinsurance percentage for Worldwide Emergency Coverage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Worldwide Emergency Coverage: <input type="text"/></p> <p>Is this Coinsurance waived for Worldwide Emergency Coverage if admitted to hospital? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage for Worldwide Urgent Coverage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Worldwide Urgent Coverage: <input type="text"/></p> <p>Is this Coinsurance waived for Worldwide Urgent Coverage if admitted to hospital? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage for Worldwide Emergency Transportation: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Worldwide Emergency Transportation: <input type="text"/></p> <p>Is this Coinsurance waived for Worldwide Emergency Transportation if admitted to hospital? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Worldwide Services have a Copayment (Select all that apply):</p> <p><input type="checkbox"/> Worldwide Emergency Coverage <input type="checkbox"/> Worldwide Urgent Coverage <input type="checkbox"/> Worldwide Emergency Transportation</p> <p>Indicate Minimum Copayment amount for Worldwide Emergency Coverage: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Worldwide Emergency Coverage: <input type="text"/></p> <p>Is this Copayment waived for Worldwide Emergency Coverage if admitted to hospital? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Copayment amount for Worldwide Urgent Coverage: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Worldwide Urgent Coverage: <input type="text"/></p> <p>Is this Copayment waived for Worldwide Urgent Coverage if admitted to hospital? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Copayment amount for Worldwide Emergency Transportation: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Worldwide Emergency Transportation: <input type="text"/></p> <p>Is this Copayment waived for Worldwide Emergency Transportation if admitted to hospital? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount: <input type="text"/></p>
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CY 2019 PBP Data Entry System Screens

VBID/UF 19B #4c Worldwide Emergency/Urgent Coverage – Base 3

The screenshot displays a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF 19B #4c Worldwide Emergency/Urgent Coverage - Base 3". The main content area contains the following text:

Authorization is not applicable for this Service Category.
Referral is not applicable for this Service Category.
Worldwide Emergency/Urgent Coverage Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Below this text is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #7b Chiropractic Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #7b Chiropractic Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Chiropractic Services as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefit:
 Routine Care
 Other

Select type of benefit for Routine Care:
 Mandatory
 Optional

Is this benefit unlimited for Routine Care?
 Yes
 No, indicate number

Indicate number of visits for Routine Care:

Select Routine Care periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is your Chiropractor Services benefit combined with either the Acupuncture or Alternative Therapies benefit, or both?
 Yes
 No

Select the enhanced benefits that are included in the combined benefit (Select all that apply):
 Routine Care
 Other

Enter Name of Other Service:

Select type of benefit for Other Service:
 Mandatory
 Optional

Is this benefit unlimited for Other Service?
 Yes
 No, indicate number

Indicate number of visits for Other Service:

Select Other Service periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #7b Chiropractic Services – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #7b Chiropractic Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Chiropractic Services have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Chiropractic Services <input type="checkbox"/> Routine Care <input type="checkbox"/> Other</p> <p>Indicate Minimum Coinsurance percentage per visit for Medicare-covered Benefits:</p> <input type="text"/> <p>Indicate Maximum Coinsurance percentage per visit for Medicare-covered Benefits:</p> <input type="text"/> <p>Indicate the Minimum Coinsurance percentage per visit for Routine Care:</p> <input type="text"/> <p>Indicate the Maximum Coinsurance percentage per visit for Routine Care:</p> <input type="text"/> <p>Indicate the Minimum Coinsurance percentage per visit for Other Service:</p> <input type="text"/> <p>Indicate the Maximum Coinsurance percentage per visit for Other Service:</p> <input type="text"/>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Chiropractic Services have a Copayment (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Chiropractic Services <input type="checkbox"/> Routine Care <input type="checkbox"/> Other</p> <p>Indicate Minimum Copayment amount for Medicare-covered Benefits:</p> <input type="text"/> <p>Indicate Maximum Copayment amount for Medicare-covered Benefits:</p> <input type="text"/> <p>Indicate Minimum Copayment amount per visit for Routine Care:</p> <input type="text"/> <p>Indicate Maximum Copayment amount per visit for Routine Care:</p> <input type="text"/> <p>Indicate Minimum Copayment amount per visit for Other Service:</p> <input type="text"/> <p>Indicate Maximum Copayment amount per visit for Other Service:</p> <input type="text"/>	<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount:</p> <input type="text"/> <p>Is authorization required?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Is a referral required for Chiropractic Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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CY 2019 PBP Data Entry System Screens

VBID/UF 19B #7b Chiropractic Services – Base 3

The screenshot shows a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF 19B #7b Chiropractic Services - Base 3". The main content area is titled "Chiropractic Services Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text box labeled "Notes:" for data entry.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #7f Podiatry Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #7f Podiatry Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Podiatry Services as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefits:
 Routine Foot Care

Select type of benefit for Routine Foot Care:
 Mandatory
 Optional

Is this benefit unlimited for Routine Foot Care?
 Yes
 No

Indicate number of Routine Foot Care visits:

Select the Routine Foot Care periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #7f Podiatry Services – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #7f Podiatry Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Select which Podiatry Services have a Coinsurance (Select all that apply):
 Medicare-covered Podiatry Services
 Routine Foot Care

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:
[]

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:
[]

Indicate Minimum Coinsurance percentage for Routine Foot Care:
[]

Indicate Maximum Coinsurance percentage for Routine Foot Care:
[]

Is there an enrollee Copayment?
 Yes
 No

Select which Podiatry Services have a Copayment (Select all that apply):
 Medicare-covered Podiatry Services
 Routine Foot Care

Indicate Minimum Copayment amount per visit for Medicare-covered Benefits:
[]

Indicate Maximum Copayment amount per visit for Medicare-covered Benefits:
[]

Indicate Minimum Copayment amount per visit for Routine Foot Care:
[]

Indicate Maximum Copayment amount per visit for Routine Foot Care:
[]

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:
[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #7f Podiatry Services – Base 3

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with navigation buttons: "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "VBID/UF 19B #7f Podiatry Services - Base 3".

The main content area contains the following sections:

- Is authorization required?** with radio buttons for "Yes" and "No".
- Is a referral required for Podiatrist Services?** with radio buttons for "Yes" and "No".
- Podiatry Services Notes** section with a text area for notes. A small instruction reads: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #9d Outpatient Blood Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #9d Outpatient Blood Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

If blood is given as a part of an inpatient hospital stay, the cost sharing for the blood should be included in the inpatient hospital cost sharing.

Does the plan provide Outpatient Blood Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Three (3) pint deductible waived

Select type of benefit for Three (3) Pint Deductible Waived:

Mandatory
 Optional

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage per unit for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage per unit for Medicare-covered Benefits:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #9d Outpatient Blood Services – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #9d Outpatient Blood Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:
[Text Input]

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount per unit for Medicare-covered Benefits:
[Text Input]

Indicate Maximum Copayment amount per unit for Medicare-covered Benefits:
[Text Input]

Is authorization required?
 Yes
 No

Is a referral required for Outpatient Blood Services?
 Yes
 No

Outpatient Blood Services Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:
[Text Area]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #10b Transportation Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #10b Transportation Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Transportation Services as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefit:
 Plan-approved Location
 Any Health-related Location

Select type of benefit for Plan-approved Location:
 Mandatory
 Optional

Is this benefit unlimited for number of trips for Plan-approved Location?
 Yes
 No

Indicate number of trips for Plan-approved Location:
[]

Select Plan-approved Location Trips periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select Type of Transportation for Plan-approved Location:
 One-way
 Round Trip
 Days
 Other, Describe

Indicate number of days for Plan-approved Location:
[]

Select Mode of Transportation for Plan-approved Location:
 Taxi
 Bus/Subway
 Van
 Medical Transport
 Other, Describe

Select type of benefit for Any Health-related Location:
 Mandatory
 Optional

Is this benefit unlimited for number of trips for Any Health-related Location?
 Yes
 No

Indicate number of trips for Any Health-related Location:
[]

Select Any Health-related Location Trips periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select Type of Transportation for Any Health-related Location:
 One-way
 Round Trip
 Days
 Other, Describe

Indicate number of days for Any Health-related Location:
[]

Select Mode of Transportation for Any Health-related Location:
 Taxi
 Bus/Subway
 Van
 Medical Transport
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #10b Transportation Services – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #10b Transportation Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Plan Benefit Coverage amount:</p> <input type="text"/>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input type="text"/>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Indicate Maximum Coinsurance percentage:</p> <input type="text"/>
		<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount:</p> <input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #10b Transportation Services – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #10b Transportation Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes

No

Indicate Minimum Copayment amount per trip:

Indicate Maximum Copayment amount per trip:

Is authorization required?

Yes

No

Is a referral required for Transportation Services?

Yes

No

Transportation Services Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13a Acupuncture – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13a Acupuncture - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Acupuncture as a supplemental benefit under Part C?
 Yes
 No

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Select enhanced benefit:
 Number of Treatments

Select type of benefit for Number of Treatments:
 Mandatory
 Optional

Is this benefit unlimited for Number of Treatments?
 Yes
 No

Indicate limit for Number of Treatments:

Indicate Number of Treatments periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is your Acupuncture benefit combined with either the Chiropractor Services benefit or Alternative Therapies benefit, or both?
 Yes
 No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13a Acupuncture – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13a Acupuncture - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No
Indicate Minimum Coinsurance percentage:
Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No
Indicate Minimum Copayment amount per treatment:
Indicate Maximum Copayment amount per treatment:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for Acupuncture?
 Yes
 No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13a Acupuncture – Base 3

The screenshot shows a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF 19B #13a Acupuncture - Base 3". The main content area is titled "Acupuncture Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13b OTC Items – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13b OTC Items - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Medicare-Medicaid plans may not use this section to provide benefit information about any OTC items that are submitted under the integrated formulary. Information about those benefits will be entered in the Rx section of the PBP. This section should only be used to provide benefit information about OTC items that are covered as a supplemental benefit.

Does the plan provide Over-The-Counter (OTC) Items as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for OTC Items:

Mandatory
 Optional

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every month

Does your Maximum Plan Benefit Coverage amount carry forward to the next period if it is unused?

Yes
 No

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every month

Are you offering Nicotine Replacement Therapy (NRT) as a Part C OTC benefit?

Yes
 No

Nicotine Replacement Therapy (NRT) Attestation:

The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13b OTC Items – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13b OTC Items - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No
Indicate Minimum Coinsurance percentage:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No
Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Does this cover all of the OTC list which may be found in Chapter 4 of the Medicare Managed Care Manual?
 Yes
 No

Authorization is not applicable for this service category.
Referral is not applicable for this service category.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13b OTC Items – Base 3

The screenshot shows a web-based application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF 19B #13b OTC Items - Base 3". The main content area is titled "OTC Items Notes" and contains a text box with the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area labeled "Notes:" for data entry.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13c Meal Benefit – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13c Meal Benefit - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide a Meal Benefit as a supplemental benefit under Part C?
 Yes
 No

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Select type of benefit for Meals:
 Mandatory
 Optional

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

How many days does your Meal Benefit last?

What is the maximum number of meals the benefit provides?

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Select Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13c Meal Benefit – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13c Meal Benefit - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No
Indicate Minimum Coinsurance percentage:
Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No
Indicate Minimum Copayment amount:
Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for the Meal Benefit?
 Yes
 No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13c Meal Benefit – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13c Meal Benefit - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Meal Benefit Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

[Empty text area for notes]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13d Other 1 – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13d Other 1 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Note: After completing your data entry in this category, if you delete ALL text in the 'Enter name of Service (Optional)' field you will lose all previously entered data.

You may edit the name of the service text partially without losing all previously entered data.

Do not put Medicare-covered benefits in this service category (e.g., do not include home health, nutritional support, transportation, medical devices etc).

Over-the-Counter (e.g., adult diapers, band-aids, etc) benefits should only be entered in B-13B.

If providing a supplemental benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service (Optional):

Select type of benefit for Other 1:

Is there a service-specific Maximum Plan Benefit Coverage amount?

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Yes
 No

Mandatory
 Optional

Yes
 No

Yes
 No

Yes
 No

Yes
 No

Yes
 No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13d Other 1 – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13d Other 1 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No
Indicate Minimum Coinsurance percentage:
Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No
Indicate Minimum Copayment amount:
Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for Other Services?
 Yes
 No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13d Other 1 – Base 3

The screenshot displays a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF 19B #13d Other 1 - Base 3". The main content area is labeled "Other 1 Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text input field with a vertical scrollbar on the right side.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13e Other 2 – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13e Other 2 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Note: After completing your data entry in this category, if you delete ALL text in the "Enter name of Service (Optional)" field you will lose all previously entered data.

You may edit the name of the service text partially without losing all previously entered data.

Do not put Medicare-covered benefits in this service category (e.g., do not include homehealth, nutritional support, transportation, medical devices etc).

Over-the-Counter (e.g., adult diapers, band-aids, etc) benefits should only be entered in B-13B.

If providing a supplemental benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service (Optional):

Select type of benefit for Other 2:

Is there a service-specific Maximum Plan Benefit Coverage amount?

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13e Other 2 – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID 19B #13e Other 2 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No
Indicate Minimum Coinsurance percentage:
Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No
Indicate Minimum Copayment amount:
Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for Other Services?
 Yes
 No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13e Other 2 – Base 3

The screenshot shows a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The window has a menu bar with "File" and "Help". Below the menu bar is a toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of the toolbar is a "Go To:" dropdown menu with the text "VBID/UF 19B #13e Other 2 - Base 3".

The main content area of the window is titled "Other 2 Notes" and contains the following text: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry...". Below this text is a large, empty text box labeled "Notes:" with a vertical scrollbar on the right side.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13f Other 3 – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13f Other 3 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Note: After completing your data entry in this category, if you delete ALL text in the "Enter name of Service (Optional)" field you will lose all previously entered data.

You may edit the name of the service text partially without losing all previously entered data.

Do not put Medicare-covered benefits in this service category (e.g., do not include homehealth, nutritional support, transportation, medical devices etc).

Over-the-Counter (e.g., adult diapers, band-aids, etc) benefits should only be entered in B-13B.

If providing a supplemental benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service (Optional):

Select type of benefit for Other 3:

Is there a service-specific Maximum Plan Benefit Coverage amount?

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13f Other 3 – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #13f Other 3 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No Indicate Minimum Coinsurance percentage: <input type="text"/> Indicate Maximum Coinsurance percentage: <input type="text"/>	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No Indicate Minimum Copayment amount: <input type="text"/> Indicate Maximum Copayment amount: <input type="text"/>
Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No Indicate Deductible Amount: <input type="text"/>	Is authorization required? <input type="radio"/> Yes <input type="radio"/> No Is a referral required for Other Services? <input type="radio"/> Yes <input type="radio"/> No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #13f Other 3 – Base 3

The screenshot displays a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF 19B #13f Other 3 - Base 3". The main content area is titled "Other 3 Notes" and contains a text box with the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry..". Below this is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14b Annual Physical Exam – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14b Annual Physical Exam - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

You should only use these supplemental benefits for Annual Physical Exams not covered by Original Medicare. You may charge copays for these Annual Physical Exams. NOTE: Medicare-covered preventive services are always plan covered, and consequently they are not appropriate as a supplemental benefit.

Does the plan provide the Annual Physical Exam as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for the Annual Physical Exam:

Mandatory
 Optional

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14b Annual Physical Exam – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14b Annual Physical Exam - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage for each Annual Physical Exam:
[]

Indicate Maximum Coinsurance percentage for each Annual Physical Exam:
[]

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount for each Annual Physical Exam:
[]

Indicate Maximum Copayment amount for each Annual Physical Exam:
[]

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:
[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14b Annual Physical Exam – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14b Annual Physical Exam - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?
 Yes
 No

Is a referral required for the Annual Physical Exam?
 Yes
 No

Annual Physical Exam Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Eligible Supplemental Benefits as Defined in Chapter 4 as a benefit under Part C?

Yes
 No

Select enhanced benefit (Select all that apply):

Health Education
 Nutritional/Dietary Benefit
 Additional sessions of Smoking and Tobacco Cessation Counseling
 Fitness Benefit*
 Enhanced Disease Management
 Telemonitoring Services*
 Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline)*
 Bathroom Safety Devices*
 Counseling Services
 In-Home Safety Assessment
 Personal Emergency Response System (PERS)
 Medical Nutrition Therapy (MNT)
 Post discharge In-Home Medication Reconciliation
 Re-admission Prevention
 Wigs for Hair Loss Related to Chemotherapy
 Weight Management Programs*
 Alternative Therapies*

* = A note is required when this benefit is offered.

Select type of benefit for Health Education:

Mandatory
 Optional

Select type of benefit for Nutritional/Dietary Benefit:

Mandatory
 Optional

Is this benefit unlimited for Nutritional/Dietary Benefit?

Yes
 No, indicate number

Indicate number of visits for Nutritional/Dietary Benefit:

Select type of benefit for Telemonitoring Services:

Mandatory
 Optional

Select type of benefit for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline):

Mandatory
 Optional

Select the type of Remote Access Technologies offered (Select all that apply):

Web/Phone based technologies
 Nursing Hotline

Select type of benefit for Bathroom Safety Devices:

Mandatory
 Optional

Select type of benefit for Counseling Services:

Mandatory
 Optional

Is this benefit unlimited for Counseling Services?

Yes
 No, indicate number

Indicate number of visits for Counseling Services:

Indicate setting for Nutritional/Dietary Benefit:

Individual Sessions
 Group Sessions
 Both Sessions (Individual and Group)

Select type of benefit for Additional sessions of Smoking and Tobacco Cessation Counseling:

Mandatory
 Optional

Indicate number of visits offered in addition to Medicare:

Select type of benefit for Fitness Benefit:

Mandatory
 Optional

Select type of benefit for Enhanced Disease Management:

Mandatory
 Optional

Select type of benefit for In-Home Safety Assessment:

Mandatory
 Optional

Indicate setting for Counseling Services:

Individual Sessions
 Group Sessions
 Both Sessions (Individual and Group)

Indicate duration of sessions (in minutes):

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Personal Emergency Response System (PERS):
 Mandatory
 Optional

Select type of benefit for Medical Nutrition Therapy (MNT):
 Mandatory
 Optional

Do you offer Additional Sessions for Medicare-covered diseases?
 Yes
 No

Indicate the limit for Additional Sessions:
 Visits
 Hours

Indicate numerical limit on the services provided for Additional Sessions:
[]

Do you offer Coverage for Non-Medicare-covered diseases? (Specify the diseases and describe the coverage in the notes field)
 Yes
 No

Indicate units a limit will be provided in for Coverage for Non-Medicare covered diseases:
 Visits
 Hours

Indicate numerical limit on the services provided for Coverage for Non-Medicare covered diseases:
[]

Select type of benefit for Post discharge In-Home Medication Reconciliation:
 Mandatory
 Optional

Select type of benefit for Re-admission Prevention:
 Mandatory
 Optional

What does your Re-admission Prevention benefit include (check all that apply):
 Meals
 Medication Reconciliation
 In-Home Safety Assessment
 Other, Describe

Enter name of Service:
[]

Please describe the Meal benefit included in Re-admission Prevention:
How many days does your Meal Benefit last?
[]

What is the maximum number of meals the benefit provides?
[]

Select type of benefit for Wigs for Hair Loss Related to Chemotherapy:
 Mandatory
 Optional

Select type of benefit for Weight Management Programs:
 Mandatory
 Optional

Select type of benefit for Alternative Therapies:
 Mandatory
 Optional

Is this benefit unlimited for Alternative Therapies?
 Yes
 No, indicate number []

Indicate number of visits offered for Alternative Therapies:
[]

Is your Alternative Therapies benefit combined with either the Chiropractor Services benefit or Acupuncture benefit, or both?
 Yes
 No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 3

Is there a service-specific Maximum Plan Benefit Coverage amount for Eligible Supplemental Benefits as Defined in Chapter 4?

Yes
 No

Select which Eligible Supplemental Benefits as Defined in Chapter 4 have a Maximum Plan Benefit Coverage amount (Select all that apply):

- Health Education
- Nutritional/Dietary Benefit
- Additional sessions of Smoking and Tobacco Cessation Counseling
- Fitness Benefit
- Enhanced Disease Management
- Telemonitoring Services
- Remote Access Technologies (including Web/Phone based technologies)
- Bathroom Safety Devices
- Counseling Services
- In-Home Safety Assessment
- Personal Emergency Response System (PERS)
- Medical Nutrition Therapy (MNT)
- Post discharge In-Home Medication Reconciliation
- Re-admission Prevention
- Wigs for Hair Loss Related to Chemotherapy
- Weight Management Programs

Indicate Maximum Plan Benefit Coverage amount for Additional sessions of Smoking and Tobacco Cessation Counseling:

Select Maximum Plan Benefit Coverage periodicity for Additional sessions of Smoking and Tobacco Cessation Counseling:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Fitness Benefit:

Select Maximum Plan Benefit Coverage periodicity for Fitness Benefit:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Monthly
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Enhanced Disease Management:

Select Maximum Plan Benefit Coverage periodicity for Enhanced Disease Management:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for In-Home Safety Assessment:

Select Maximum Plan Benefit Coverage periodicity for In-Home Safety Assessment:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline):

Select Maximum Plan Benefit Coverage periodicity for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline):

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Bathroom Safety Devices:

Select Maximum Plan Benefit Coverage periodicity for Bathroom Safety Devices:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Counseling Services:

Select Maximum Plan Benefit Coverage periodicity for Counseling Services:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for In-Home Safety Assessment:

Select Maximum Plan Benefit Coverage periodicity for In-Home Safety Assessment:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Health Education:

Select Maximum Plan Benefit Coverage periodicity for Health Education:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Nutritional/Dietary Benefit:

Select Maximum Plan Benefit Coverage periodicity for Nutritional/Dietary Benefit:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 4

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate Maximum Plan Benefit Coverage amount for Personal Emergency Response System (PERS):</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Re-admission Prevention:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Alternative Therapies:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity for Personal Emergency Response System (PERS):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Re-admission Prevention:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Alternative Therapies:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
<p>Indicate Maximum Plan Benefit Coverage amount for Medical Nutrition Therapy (MNT):</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Wigs for Hair Loss Related to Chemotherapy:</p> <input type="text"/>	
<p>Select Maximum Plan Benefit Coverage periodicity for Medical Nutrition Therapy (MNT):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Wigs for Hair Loss Related to Chemotherapy:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	
<p>Indicate Maximum Plan Benefit Coverage amount for Post discharge In-Home Medication Reconciliation:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Weight Management Programs:</p> <input type="text"/>	
<p>Select Maximum Plan Benefit Coverage periodicity for Post discharge In-Home Medication Reconciliation:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Weight Management Programs:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 5

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost for Eligible Supplemental Benefits as Defined in Chapter 4?

Yes
 No

Select which Eligible Supplemental Benefits as Defined in Chapter 4 have a Maximum Enrollee Out-of-Pocket Cost (Select all that apply):

- Health Education
- Nutritional/Dietary Benefit
- Additional sessions of Smoking and Tobacco Cessation Counseling
- Fitness Benefit
- Enhanced Disease Management
- Telemonitoring Services
- Remote Access Technologies (including Web/Phone based technologies)
- Bathroom Safety Devices
- Counseling Services
- In-Home Safety Assessment
- Personal Emergency Response System (PERS)
- Medical Nutrition Therapy (MNT)
- Post discharge In-Home Medication Reconciliation
- Re-admission Prevention
- Wigs for Hair Loss Related to Chemotherapy
- Weight Management Programs

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Health Education:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Health Education:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Nutritional/Dietary Benefit:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Nutritional/Dietary Benefit:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Additional sessions of Smoking and Tobacco Cessation Counseling:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Additional sessions of Smoking and Tobacco Cessation Counseling:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Fitness Benefit:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Fitness Benefit:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Enhanced Disease Management:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Enhanced Disease Management:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Telemonitoring Services:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Telemonitoring Services:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline):

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline):

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Bathroom Safety Devices:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Bathroom Safety Devices:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Counseling Services:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Counseling Services:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost amount for In-Home Safety Assessment:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for In-Home Safety Assessment:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 6

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Personal Emergency Response System (PERS):</p> <input type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Re-admission Prevention:</p> <input type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Alternative Therapies:</p> <input type="text"/>
<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Personal Emergency Response System (PERS):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Re-admission Prevention:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Alternative Therapies:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Medical Nutrition Therapy (MNT):</p> <input type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Wigs for Hair Loss Related to Chemotherapy:</p> <input type="text"/>	
<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Medical Nutrition Therapy (MNT):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Wigs for Hair Loss Related to Chemotherapy:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	
<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Post discharge In-Home Medication Reconciliation:</p> <input type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Weight Management Programs:</p> <input type="text"/>	
<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Post discharge In-Home Medication Reconciliation:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Weight Management Programs:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 7

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Eligible Supplemental Benefits as Defined in Chapter 4 have a Coinsurance (Select all that apply):</p> <div style="border: 1px solid gray; padding: 2px;"> <ul style="list-style-type: none"> Health Education Nutritional/Dietary Benefit Additional sessions of Smoking and Tobacco Cessation Counseling Fitness Benefit Enhanced Disease Management Telemonitoring Services Remote Access Technologies (including Web/Phone based technologies) Bathroom Safety Devices Counseling Services In-Home Safety Assessment Personal Emergency Response System (PERS) Medical Nutrition Therapy (MNT) Post discharge In-Home Medication Reconciliation Re-admission Prevention Wigs for Hair Loss Related to Chemotherapy </div>	<p>Indicate Minimum Coinsurance percentage for Fitness Benefit: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Fitness Benefit: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Telemonitoring Services: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Telemonitoring Services: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Remote Access Technologies (Web/Phone based technologies): <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Remote Access Technologies (Web/Phone based technologies): <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Remote Access Technologies (Nursing Hotline): <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Remote Access Technologies (Nursing Hotline): <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Bathroom Safety Devices: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Bathroom Safety Devices: <input type="text"/></p>	<p>Indicate Minimum Coinsurance percentage for Counseling Services: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Counseling Services: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Post discharge In-Home Medication Reconciliation: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Post discharge In-Home Medication Reconciliation: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Re-admission Prevention: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Re-admission Prevention: <input type="text"/></p>	<p>Indicate Minimum Coinsurance percentage for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Weight Management Programs: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Weight Management Programs: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Alternative Therapies: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Alternative Therapies: <input type="text"/></p> <p style="font-size: small; margin-top: 10px;">You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.</p>
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CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 8

<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount: <input type="text"/></p> <p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Eligible Supplemental Benefits as Defined in Chapter 4 have a Copayment (Select all that apply):</p> <div style="border: 1px solid black; padding: 2px;"> <p>Health Education Nutritional/Dietary Benefit Additional sessions of Smoking and Tobacco Cessation Counseling Fitness Benefit Enhanced Disease Management Telemonitoring Services Remote Access Technologies (including Web/Phone based technologies) Bathroom Safety Devices Counseling Services In-Home Safety Assessment Personal Emergency Response System (PERS) Medical Nutrition Therapy (MNT) Post discharge In-Home Medication Reconciliation Re-admission Prevention Wigs for Hair Loss Related to Chemotherapy Weight Management Programs Alternative Therapies</p> </div> <p>Indicate Minimum Copayment amount for Health Education: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Health Education: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Nutritional/Dietary Bene <input type="text"/></p> <p>Indicate Maximum Copayment amount for Nutritional/Dietary Bene <input type="text"/></p>	<p>Indicate Minimum Copayment amount for Additional sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Additional sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Fitness Benefit: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Fitness Benefit: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Telemonitoring Services: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Telemonitoring Services: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Remote Access Technologies (Web/Phone based technologies): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Remote Access Technologies (Web/Phone based technologies): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Remote Access Technologies (Nursing Hotline): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Remote Access Technologies (Nursing Hotline): <input type="text"/></p>	<p>Indicate Minimum Copayment amount for Bathroom Safety Devices: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Bathroom Safety Devices: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Counseling Services: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Counseling Services: <input type="text"/></p> <p>Indicate Minimum Copayment amount for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Maximum Copayment amount for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Post discharge In-Home Medication Reconciliation: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Post discharge In-Home Medication Reconciliation: <input type="text"/></p>	<p>Indicate Minimum Copayment amount for Re-admission Prevention: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Re-admission Prevention: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Weight Management Programs: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Weight Management Programs: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Alternative Therapies: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Alternative Therapies: <input type="text"/></p>
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CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 9

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 9

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?
 Yes
 No

Is a referral required for Eligible Supplemental Benefits as Defined in Chapter
 Yes
 No

Eligible Supplemental Benefits as Defined in Chapter 4 Notes:
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
* = This notes field is required when the corresponding benefit is offered.

Health Education Notes:

Nutritional/Dietary Benefit Notes:

Additional sessions of Smoking and Tobacco Cessation Counseling Notes:

Fitness Benefit Notes:*

Enhanced Disease Management Notes:

Telemonitoring Services Notes:*

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 10

The screenshot displays the 'PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000' window. The interface includes a menu bar with 'File' and 'Help', and a toolbar with 'Previous', 'Next', 'Exit (Validate)', and 'Exit (No Validate)' buttons. A 'Go To:' dropdown menu is set to 'VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 10'. The main area contains eight empty text input fields arranged in a 4x2 grid:

- Remote Access Technology (Web/Phone based technologies) Notes:*
- In-Home Safety Assessment Notes:
- Remote Access Technologies (Nursing Hotline) Notes:
- Personal Emergency Response System (PERS) Notes:
- Bathroom Safety Devices Notes:*
- Medical Nutrition Therapy (MNT) Notes:
- Counseling Services Notes:
- Post discharge In-Home Medication Reconciliation Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 11

The screenshot displays the 'PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000' window. The interface includes a menu bar with 'File' and 'Help', and a toolbar with 'Previous', 'Next', 'Exit (Validate)', and 'Exit (No Validate)' buttons. A 'Go To:' dropdown menu is set to 'VBID/UF 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 11'. Below the toolbar are four empty text input fields with labels: 'Re-admission Prevention Notes:', 'Wigs for Hair Loss Related to Chemotherapy Notes:', 'Weight Management Notes:*', and 'Alternative Therapies Notes:*'. Each field has a vertical scrollbar on its right side.

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16a Preventive Dental – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16a Preventive Dental - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Preventive Dental Items as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefits:
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Select type of benefit for Oral Exams:
 Mandatory
 Optional

Is this benefit unlimited for Oral Exams?
 Yes
 No, indicate number

Indicate number of visits for Oral Exams:

Select the Oral Exams periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Prophylaxis (Cleaning):
 Mandatory
 Optional

Is this benefit unlimited for Prophylaxis (Cleaning)?
 Yes
 No, indicate number

Indicate number of visits for Prophylaxis (Cleaning):

Select the Prophylaxis (Cleaning) periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Fluoride Treatment:
 Mandatory
 Optional

Is this benefit unlimited for Fluoride Treatment?
 Yes
 No, indicate number

Indicate number of visits for Fluoride Treatment:

Select the Fluoride Treatment periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16a Preventive Dental – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16a Preventive Dental - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Dental X-Rays:
 Mandatory
 Optional

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Is this benefit unlimited for Dental X-Rays?
 Yes
 No, indicate number

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?
 In-network services only
 Both In-network and Out-of-network services

Indicate number of visits for Dental X-Rays:

Indicate Maximum Plan Benefit Coverage amount:

Select the Dental X-Rays periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select the Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16a Preventive Dental – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16a Preventive Dental - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:
[]

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe []

Is there an enrollee Coinsurance?
 Yes
 No

Select which Preventive Dental Services have a Coinsurance (Select all that apply):
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Is there a combination of services included in a single cost per Office Visit?
 Yes
 No

Select which combination of services are included in a single cost per Office Visit:
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Indicate Coinsurance percentage for Office Visit:
[]

Indicate Minimum Coinsurance percentage for Oral Exams:
[]

Indicate Maximum Coinsurance percentage for Oral Exams:
[]

Indicate Minimum Coinsurance percentage for Prophylaxis (Cleaning):
[]

Indicate Maximum Coinsurance percentage for Prophylaxis (Cleaning):
[]

Indicate Minimum Coinsurance percentage for Fluoride Treatment:
[]

Indicate Maximum Coinsurance percentage for Fluoride Treatment:
[]

Indicate Minimum Coinsurance percentage for Dental X-Rays:
[]

Indicate Maximum Coinsurance percentage for Dental X-Rays:
[]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16a Preventive Dental – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16a Preventive Dental - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Select which Preventive Dental Services have a Copayment (Select all that apply):
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Is there a combination of services included in a single cost per Office Visit?
 Yes
 No

Select which combination of services are included in a single cost per Office Visit:
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Indicate Copayment amount for Office Visit:

Indicate Minimum Copayment amount for Oral Exams:

Indicate Maximum Copayment amount for Oral Exams:

Indicate Minimum Copayment amount for Prophylaxis (Cleaning):

Indicate Maximum Copayment amount for Prophylaxis (Cleaning):

Indicate Minimum Copayment amount for Fluoride Treatment:

Indicate Maximum Copayment amount for Fluoride Treatment:

Indicate Minimum Copayment amount for Dental X-Rays:

Indicate Maximum Copayment amount for Dental X-Rays:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16a Preventive Dental – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16a Preventive Dental - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?
 Yes
 No

Is a referral required for Preventive Dental Services?
 Yes
 No

Preventive Dental Services Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16b Comprehensive Dental – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16b Comprehensive Dental - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

Does the plan provide Comprehensive Dental Items as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefits:
 Non-routine Services
 Diagnostic Services
 Restorative Services
 Endodontics
 Periodontics
 Extractions
 Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Select type of benefit for Non-routine Services:	Select type of benefit for Diagnostic Services:	Select type of benefit for Restorative Services:
<input type="radio"/> Mandatory <input type="radio"/> Optional	<input type="radio"/> Mandatory <input type="radio"/> Optional	<input type="radio"/> Mandatory <input type="radio"/> Optional
Is this benefit unlimited for Non-routine Services? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Diagnostic Services? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Restorative Services? <input type="radio"/> Yes <input type="radio"/> No, indicate number
Indicate number of visits for Non-routine Services: []	Indicate number of visits for Diagnostic Services: []	Indicate number of visits for Restorative Services: []
Select the Non-routine Services periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Diagnostic Services periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Restorative Services periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16b Comprehensive Dental – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16b Comprehensive Dental - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Endodontics	Periodontics	Extractions	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Select type of benefit for Endodontics: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Periodontics: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Extractions: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: <input type="radio"/> Mandatory <input type="radio"/> Optional
Is this benefit unlimited for Endodontics? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Periodontics? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Extractions? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services? <input type="radio"/> Yes <input type="radio"/> No, indicate number
Indicate number of visits for Endodontics: []	Indicate number of visits for Periodontics: []	Indicate number of visits for Extractions: []	Indicate number of visits for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: []
Select the Endodontics periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Periodontics periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Extractions periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Prosthodontics/Other Oral/Maxillofacial Surgery/Other Services periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16b Comprehensive Dental – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16b Comprehensive Dental - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Select the Maximum Plan Benefit Coverage type:
 Covered under Preventive Dental Category 16a
 Plan-specified amount per period

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Preventive Dental Category 16a
 Plan-specified amount per period

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?
 In-network services only
 Both In-network and Out-of-network services

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Plan Benefit Coverage amount:

Select the Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16b Comprehensive Dental – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16b Comprehensive Dental - Base 4

Is there an enrollee Coinsurance?

Yes

No

Select which Comprehensive Dental Services have a Coinsurance (Select all that apply):

Medicare-covered Benefits

Non-routine Services

Diagnostic Services

Restorative Services

Endodontics

Periodontics

Extractions

Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Is there an enrollee Deductible?

Yes

No

Indicate Deductible Amount:

	Minimum Coinsurance	Maximum Coinsurance
Medicare-covered Benefits	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Non-routine Services	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Diagnostic Services	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Restorative Services	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Endodontics	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Periodontics	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Extractions	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16b Comprehensive Dental – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16b Comprehensive Dental - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Select which Comprehensive Dental Services have a Copayment (Select all that apply):

- Medicare-covered Benefits
- Non-routine Services
- Diagnostic Services
- Restorative Services
- Endodontics
- Periodontics
- Extractions
- Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

	Copayment Minimum	Copayment Maximum
Medicare-covered Benefits	<input type="text"/>	<input type="text"/>
Non-routine Services	<input type="text"/>	<input type="text"/>
Diagnostic Services	<input type="text"/>	<input type="text"/>
Restorative Services	<input type="text"/>	<input type="text"/>
Endodontics	<input type="text"/>	<input type="text"/>
Periodontics	<input type="text"/>	<input type="text"/>
Extractions	<input type="text"/>	<input type="text"/>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:	<input type="text"/>	<input type="text"/>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #16b Comprehensive Dental – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #16b Comprehensive Dental - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?
 Yes
 No

Is a referral required for Comprehensive Dental Services?
 Yes
 No

Comprehensive Dental Services Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #17a Eye Exams – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #17a Eye Exams - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Eye Exams as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefit:
 Routine Eye Exams
 Other

Select type of benefit for Routine Eye Exams:
 Mandatory
 Optional

Is this benefit unlimited for Routine Eye Exams?
 Yes
 No, indicate number

Indicate number of exams for Routine Eye Exams:

Select the Routine Eye Exams periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Enter name of Other Service:

Select type of benefit for Other Service:
 Mandatory
 Optional

Is this benefit unlimited for Other Service?
 Yes
 No, indicate number

Indicate quantity for Other Service:

Select the Other Service periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?
 In-network services only
 Both In-network and Out-of-network services

Indicate Maximum Plan Benefit Coverage amount:

Select the Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #17a Eye Exams – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #17a Eye Exams - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No	Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No
Select which Eye Exams have a Coinsurance (Select all that apply): <input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Routine Eye Exams <input type="checkbox"/> Other	Select which Eye Exams have a Copayment (Select all that apply): <input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Routine Eye Exams <input type="checkbox"/> Other	Indicate Deductible Amount: <input type="text"/>
Indicate Minimum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>	Indicate Minimum Copayment amount for Medicare-covered Benefits: <input type="text"/>	
Indicate Maximum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>	Indicate Maximum Copayment amount for Medicare-covered Benefits: <input type="text"/>	
Indicate Minimum Coinsurance percentage for Routine Eye Exams: <input type="text"/>	Indicate Minimum Copayment amount for Routine Eye Exams: <input type="text"/>	
Indicate Maximum Coinsurance percentage for Routine Eye Exams: <input type="text"/>	Indicate Maximum Copayment amount for Routine Eye Exams: <input type="text"/>	
Indicate Minimum Coinsurance percentage for Other Service: <input type="text"/>	Indicate Minimum Copayment amount for Other Service: <input type="text"/>	
Indicate Maximum Coinsurance percentage for Other Service: <input type="text"/>	Indicate Maximum Copayment amount for Other Service: <input type="text"/>	

CY 2019 PBP Data Entry System Screens

VBID 19B #17a Eye Exams – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF 19B #17a Eye Exams - Base 3

Is authorization required?
 Yes
 No

Is a referral required for Eye Exams?
 Yes
 No

Eye Exams Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #17b Eyewear – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #17b Eyewear - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

Does the plan provide Eyewear as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefits:
 Contact lenses
 Eyeglasses (lenses and frames)
 Eyeglass lenses
 Eyeglass frames
 Upgrades

Select type of benefit for Contact lenses:
 Mandatory
 Optional

Is this benefit unlimited for Contact lenses?
 Yes
 No, indicate number

Indicate quantity (number of pairs) for Contact lenses:

Select Contact lenses periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Eyeglasses (lenses and frames):
 Mandatory
 Optional

Is this benefit unlimited for Eyeglasses (lenses and frames)?
 Yes
 No, indicate number

Indicate quantity for Eyeglasses (lenses and frames):

Select Eyeglasses (lenses and frames) periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #17b Eyewear – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #17b Eyewear - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Eyeglass lenses:
 Mandatory
 Optional

Select type of benefit for Eyeglass frames:
 Mandatory
 Optional

Is this benefit unlimited for Eyeglass lenses?
 Yes
 No, indicate number

Is this benefit unlimited for Eyeglass frames?
 Yes
 No, indicate number

Indicate quantity (number of pairs) for Eyeglass lenses:

Indicate quantity for Eyeglass frames:

Select Eyeglass lenses periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select Eyeglass frames periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Upgrades:
 Mandatory
 Optional

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #17b Eyewear – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #17b Eyewear - Base 3

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Select the Maximum Plan Benefit Coverage type:

Covered under Eye Exams Category 17a
 Plan-specified amount per period

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only
 Both In-network and Out-of-network services

Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?

Yes
 No

Indicate Combined Maximum Plan Benefit Coverage amount:

Select the Combined Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select the type of Eyewear with Individual Max Plan Benefit Coverage amount:

Contact lenses
 Eyeglasses (lenses and frames)
 Eyeglass lenses
 Eyeglass frames
 Upgrades

Indicate Max Plan Benefit Coverage amount for Contact lenses:

Select the Individual Maximum Plan Benefit Coverage periodicity for Contact lenses:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Max Plan Benefit Coverage amount for Eyeglasses (lenses and frames):

Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglasses (lenses and frames):

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Max Plan Benefit Coverage amount for Eyeglass lenses:

Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass lenses:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Max Plan Benefit Coverage amount for Eyeglass frames:

Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass frames:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Max Plan Benefit Coverage amount for Upgrades:

Select the Individual Maximum Plan Benefit Coverage periodicity for Upgrades:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #17b Eyewear – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #17b Eyewear - Base 4

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost? <input type="radio"/> Yes <input type="radio"/> No	Indicate Minimum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>	Indicate Minimum Coinsurance percentage for Eyeglass frames: <input type="text"/>
Select the Maximum Enrollee Out-of-Pocket Cost type: <input type="radio"/> Covered under Eye Exams Category 17a <input type="radio"/> Plan-specified amount per period	Indicate Maximum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>	Indicate Maximum Coinsurance percentage for Eyeglass frames: <input type="text"/>
Indicate Maximum Enrollee Out-of-Pocket Cost amount: <input type="text"/>	Indicate Minimum Coinsurance percentage for Contact lenses: <input type="text"/>	Indicate Minimum Coinsurance percentage for Upgrades: <input type="text"/>
Select Maximum Enrollee Out-of-Pocket Cost periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Coinsurance percentage for Contact lenses: <input type="text"/>	Indicate Maximum Coinsurance percentage for Upgrades: <input type="text"/>
Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Indicate Maximum Coinsurance percentage for Eyeglasses (lenses and frames): <input type="text"/>	
Select which Eyewear Benefits have a Coinsurance (Select all that apply): <input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Contact lenses <input type="checkbox"/> Eyeglasses (lenses and frames) <input type="checkbox"/> Eyeglass lenses <input type="checkbox"/> Eyeglass frames <input type="checkbox"/> Upgrades	Indicate Minimum Coinsurance percentage for Eyeglass lenses: <input type="text"/>	
	Indicate Maximum Coinsurance percentage for Eyeglass lenses: <input type="text"/>	

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #17b Eyewear – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #17b Eyewear - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Indicate Minimum Copayment amount for Contact lenses:

Indicate Maximum Copayment amount for Contact lenses:

Indicate Minimum Copayment amount for Eyeglass frames:

Indicate Maximum Copayment amount for Eyeglass frames:

Is there an enrollee Copayment?
 Yes
 No

Select which Eyewear Benefits have a Copayment (Select all that apply):

- Medicare-covered Benefits
- Contact lenses
- Eyeglasses (lenses and frames)
- Eyeglass lenses
- Eyeglass frames
- Upgrades

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Eyeglasses (lenses and frames):

Indicate Maximum Copayment amount for Eyeglasses (lenses and frames):

Indicate Minimum Copayment amount for Upgrades:

Indicate Maximum Copayment amount for Upgrades:

Indicate Minimum Copayment amount for Eyeglass lenses:

Indicate Maximum Copayment amount for Eyeglass lenses:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #17b Eyewear – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #17b Eyewear - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?
 Yes
 No

Is a referral required for Eyewear?
 Yes
 No

Eyewear Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #18a Hearing Exams – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #18a Hearing Exams - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

Does the plan provide Hearing Exams as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Routine Hearing Exams
 Fitting/Evaluation for Hearing Aid

Select type of benefit for Routine Hearing Exams:

Mandatory
 Optional

Is this benefit unlimited for Routine Hearing Exams?

Yes
 No, indicate number

Indicate number for Routine Hearing Exams:

Select Routine Hearing Exams periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Fitting/Evaluation for Hearing Aid:

Mandatory
 Optional

Is this benefit unlimited for Fitting/Evaluation for Hearing Aid?

Yes
 No, indicate number

Indicate number for Fitting/Evaluation for Hearing Aid:

Select Fitting/Evaluation for Hearing Aid periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #18a Hearing Exams – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #18a Hearing Exams - Base 2

Previous Next Exit (Validate) Exit (No Validate)

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits:</p> <p><input type="text"/></p>
<p>Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?</p> <p><input type="radio"/> In-network services only <input type="radio"/> Both In-network and Out-of-network services</p>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <p><input type="text"/></p>	<p>Indicate the Maximum Coinsurance percentage for Medicare-covered Benefits:</p> <p><input type="text"/></p>
<p>Indicate Maximum Plan Benefit Coverage amount:</p> <p><input type="text"/></p>	<p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Indicate Minimum Coinsurance percentage for Routine Hearing Exams:</p> <p><input type="text"/></p>
<p>Select the Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Indicate Maximum Coinsurance percentage for Routine Hearing Exams:</p> <p><input type="text"/></p>
<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Select which Hearing Exam Benefits have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Routine Hearing Exams <input type="checkbox"/> Fitting/Evaluation for Hearing Aid</p>	<p>Indicate Minimum Coinsurance percentage for Fitting/Evaluation for Hearing Aid:</p> <p><input type="text"/></p>
<p>Indicate Deductible Amount:</p> <p><input type="text"/></p>		<p>Indicate Maximum Coinsurance percentage for Fitting/Evaluation for Hearing Aid:</p> <p><input type="text"/></p>

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #18a Hearing Exams – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #18a Hearing Exams - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Is authorization required?
 Yes
 No

Select which Hearing Exam Benefits have a Copayment (Select all that apply):
 Medicare-covered Benefits
 Routine Hearing Exams
 Fitting/Evaluation for Hearing Aid

Indicate Minimum Copayment amount for Medicare-covered Benefits:
[]

Indicate Maximum Copayment amount for Medicare-covered Benefits:
[]

Indicate Minimum Copayment amount for Routine Hearing Exams:
[]

Indicate Maximum Copayment amount for Routine Hearing Exams:
[]

Indicate Minimum Copayment amount for Fitting/Evaluation for Hearing Aid:
[]

Indicate Maximum Copayment amount for Fitting/Evaluation for Hearing Aid:
[]

Is a referral required for Hearing Exams?
 Yes
 No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #18a Hearing Exams – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #18a Hearing Exams - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Hearing Exams Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

[Empty text area for notes]

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #18b Hearing Aids – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #18b Hearing Aids - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Hearing Aids as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Hearing Aids (all types)
 Hearing Aids - Inner Ear
 Hearing Aids - Outer Ear
 Hearing Aids - Over the Ear

Select type of benefit for Hearing Aids (all types):	Select type of benefit for Hearing Aids - Inner Ear:	Select type of benefit for Hearing Aids - Outer Ear:
<input type="radio"/> Mandatory <input type="radio"/> Optional	<input type="radio"/> Mandatory <input type="radio"/> Optional	<input type="radio"/> Mandatory <input type="radio"/> Optional
Is this benefit unlimited for Hearing Aids (all types)? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Hearing Aids - Inner Ear? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Hearing Aids - Outer Ear? <input type="radio"/> Yes <input type="radio"/> No, indicate number
Indicate quantity for Hearing Aids (all types): []	Indicate quantity for Hearing Aids - Inner Ear: []	Indicate quantity for Hearing Aids - Outer Ear: []
Select Hearing Aids (all types) periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Hearing Aids - Inner Ear periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Hearing Aids - Outer Ear periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #18b Hearing Aids – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #18b Hearing Aids - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Hearing Aids - Over the Ear:
 Mandatory
 Optional

Is this benefit unlimited for Hearing Aids - Over the Ear?
 Yes
 No, indicate number

Indicate quantity for Hearing Aids - Over the Ear:
[]

Select Hearing Aids - Over the Ear periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Does the Maximum Plan Benefit Coverage Amount apply per ear or for both ears combined?
 Per ear
 One single ear
 Both ears combined

Select the Maximum Plan Benefit Coverage type:
 Covered under Hearing Exams Category - 18a
 Plan-specified amount per period

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?
 In-network services only
 Both In-network and Out-of-network services

Indicate Maximum Plan Benefit Coverage amount:
[]

Indicate Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #18b Hearing Aids – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #18b Hearing Aids - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Minimum Coinsurance percentage for Hearing Aids (all types):

Indicate Minimum Coinsurance percentage for Hearing Aids - Over the Ear:

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Hearing Exams Category - 18a
 Plan-specified amount per period

Indicate Maximum Coinsurance percentage for Hearing Aids (all types):

Indicate Maximum Coinsurance percentage for Hearing Aids - Over the Ear:

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Minimum Coinsurance percentage for Hearing Aids - Inner Ear:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Coinsurance percentage for Hearing Aids - Inner Ear:

Indicate Minimum Coinsurance percentage for Hearing Aids - Outer Ear:

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Maximum Coinsurance percentage for Hearing Aids - Outer Ear:

Select which Hearing Aids Benefits have a Coinsurance (Select all that apply):
 Hearing Aids - Inner Ear
 Hearing Aids - Outer Ear
 Hearing Aids - Over the Ear

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #18b Hearing Aids – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #18b Hearing Aids - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount per Hearing Aid - Outer Ear:

Is there an enrollee Deductible?
 Yes
 No

Select which Hearing Aids Benefits have a Copayment (Select all that apply):
 Hearing Aid - Inner Ear
 Hearing Aid - Outer Ear
 Hearing Aids - Over the Ear

Indicate Maximum Copayment amount per Hearing Aid - Outer Ear:

Indicate Deductible Amount:

Indicate Minimum Copayment amount per Hearing Aid (all types):

Indicate Minimum Copayment amount per two Hearing Aids - Outer Ear:

Indicate Maximum Copayment amount per two Hearing Aids - Outer Ear:

Indicate Minimum Copayment amount per Hearing Aid - Inner Ear:

Indicate Minimum Copayment amount per Hearing Aid - Over the Ear:

Indicate Maximum Copayment amount per Hearing Aid - Inner Ear:

Indicate Maximum Copayment amount per Hearing Aid - Over the Ear:

Indicate Minimum Copayment amount per two Hearing Aids - Inner Ear:

Indicate Minimum Copayment amount per two Hearing Aids - Over the Ear:

Indicate Maximum Copayment amount per two Hearing Aids - Inner Ear:

Indicate Maximum Copayment amount per two Hearing Aids - Over the Ear:

CY 2019 PBP Data Entry System Screens

VBID/UF 19B #18b Hearing Aids – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help

Go To: VBID/UF 19B #18b Hearing Aids - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?
 Yes
 No

Is a referral required for Hearing Aids?
 Yes
 No

Hearing Aids Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes: